



# Child Health Plus Formulary Guide (2977)

Includes generic and brand-name medications



Right here.  
For you.

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### Dear Member,

This booklet includes the Formulary Guide and gives you easy to understand information about your prescription drug coverage.

The medications listed have been approved by the Food and Drug Administration as safe and effective. We continually review and update our formulary.

If you have any questions or need additional information, please visit our website [UniveraHealthcare.com](https://www.univerahealthcare.com) or contact the Pharmacy Help Desk at 1-800-650-4359 or TTY/TDD 1-800-662-1220.



Please see your plan documents for a complete description of your pharmacy benefit.



## What is a formulary?

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

All generic drugs and brand name drugs listed on the formulary are covered.

If your doctor writes a prescription for one of the drugs listed on the formulary, you can go directly to one of our participating pharmacies to have your prescription filled.

If your doctor writes a prescription for a drug that is not listed on the formulary, it is considered “non-formulary.” Non-formulary drugs are generally not covered. They may be covered if your doctor shows that you meet the medical guidelines for the drug and gets approval before you get your prescription filled.

## 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.

## Can the formulary change?

Yes, the list is subject to change. Drugs may be added or removed at any time.

## Where can I purchase my prescription medications?

You have access to our Pharmacy Network, including national chains and most independents. Just show your Member Card at any participating pharmacy and they will fill your prescription. A list of participating pharmacies in your area is available on our website [UniveraHealthcare.com](https://www.UniveraHealthcare.com).

## Specialty pharmacy

Specialty pharmacies are experts in handling and distributing specialty medications. Nationally recognized specialty pharmacy Accredo Health participates in our network.

## 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. They may be covered if your doctor shows that you meet the medical guidelines for the drug and gets approval before you get your prescription filled.

### Coverage requirements or limits may include:

#### Prior Authorization

There are some drugs on the formulary that need prior authorization, which means they need approval **before** you can fill the prescription. If you don't get approval, the drug may not be covered.

#### 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

Some drugs need to be purchased at our preferred specialty pharmacy Accredo Health or another participating specialty pharmacy in order to be covered. If you don't purchase them through a participating specialty pharmacy the drug will not be covered. These drugs are listed on the formulary.

#### 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.

#### Over-the-Counter Drugs

The Child Health Plus benefit allows coverage for Medicaid-approved over-the-counter drugs.

### Key:

- MS** = Drug must be purchased at a participating network specialty pharmacy for coverage
- PA** = Prior Authorization required
- QL** = Quantity Limit applies
- ST** = Step Therapy required

**CURRENT AS OF 1/1/2026**

| Product Description                                                    | Limits/Restrictions/Notes |
|------------------------------------------------------------------------|---------------------------|
| <b>ALTERNATIVE THERAPY</b>                                             |                           |
| <b>ALTERNATIVE THERAPY - ANTIOXIDANT</b>                               |                           |
| OCUVITE WITH LUTEIN                                                    |                           |
| PROSIGHT                                                               |                           |
| <b>ALTERNATIVE THERAPY - UNCLASSIFIED</b>                              |                           |
| ACTIVE Q ORAL SUSPENSION                                               | PA                        |
| ARGUMENT AT                                                            | PA                        |
| CHILDREN'S DIARESQ                                                     | PA                        |
| CYTO-Q MAX                                                             | PA                        |
| CYTO-Q T-F                                                             | PA                        |
| DIARESQ                                                                | PA                        |
| d-mannose                                                              | PA                        |
| ENTERADE ADVANCED ONCOLOGY                                             | PA                        |
| GRIPE WATER (GINGER, FENNEL)                                           | PA                        |
| LIQSORB ORAL LIQUID                                                    | PA                        |
| LITTLE REMEDIES GRIPE WATER                                            | PA                        |
| MANNXTRA                                                               | PA                        |
| OVASITOL                                                               | PA                        |
| PREGNITUDE                                                             | PA                        |
| QH LIQUID                                                              | PA                        |
| Q-UP                                                                   | PA                        |
| RE:IMMUNE                                                              | PA                        |
| UTYMAX                                                                 | PA                        |
| <b>ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC</b>                     |                           |
| <b>ANALGESIC OPIOID AGONISTS</b>                                       |                           |
| codeine sulfate                                                        |                           |
| DISKETS                                                                | PA                        |
| fentanyl patch                                                         | PA                        |
| fentanyl citrate buccal lozenge on a handle 200 mcg                    | PA; QL                    |
| fentanyl citrate buccal tablet, effervescent 400 mcg, 600 mcg, 800 mcg | PA; QL                    |
| hydrocodone bitartrate                                                 | PA                        |
| hydromorphone oral liquid                                              |                           |
| hydromorphone oral tablet                                              |                           |
| hydromorphone oral tablet extended release 24 hr                       | PA                        |
| hydromorphone rectal                                                   |                           |
| levorphanol tartrate                                                   | PA                        |
| meperidine oral solution                                               |                           |
| meperidine oral tablet 50 mg                                           |                           |
| METHADONE INTENSOL                                                     |                           |
| methadone oral concentrate                                             | PA                        |
| methadone oral solution                                                | PA                        |
| methadone oral tablet                                                  | PA                        |
| methadone oral tablet, soluble                                         | PA                        |
| morphine concentrate oral solution                                     |                           |
| morphine oral capsule, er multiphase 24 hr                             | PA                        |
| morphine oral capsule, extend. release pellets                         | PA                        |
| morphine oral solution                                                 |                           |
| morphine oral tablet                                                   |                           |

| Product Description                                                                                  | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------------------------------|---------------------------|
| morphine oral tablet extended release                                                                | PA                        |
| morphine rectal                                                                                      |                           |
| NUCYNTA ER                                                                                           | PA                        |
| oxycodone oral capsule                                                                               |                           |
| oxycodone oral concentrate                                                                           |                           |
| oxycodone oral solution                                                                              |                           |
| oxycodone oral tablet                                                                                |                           |
| oxycodone oral tablet,oral only,ext.rel.12 hr 20 mg, 40 mg, 80 mg                                    | PA                        |
| oxymorphone oral tablet                                                                              |                           |
| oxymorphone oral tablet extended release 12 hr                                                       | PA                        |
| tramadol oral tablet 50 mg                                                                           |                           |
| tramadol oral tablet extended release 24 hr                                                          | PA                        |
| tramadol oral tablet, er multiphase 24 hr                                                            | PA                        |
| XTAMPZA ER                                                                                           | PA                        |
| <b>ANALGESIC OPIOID CODEINE COMBINATIONS</b>                                                         |                           |
| acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml |                           |
| acetaminophen-codeine oral tablet                                                                    |                           |
| ASCOMP WITH CODEINE                                                                                  |                           |
| butalbital-acetaminop-caf-cod                                                                        | QL                        |
| codeine-bitalbital-asa-caff                                                                          |                           |
| <b>ANALGESIC OPIOID DIHYDROCODEINE COMBINATIONS</b>                                                  |                           |
| acetaminophen-caff-dihydrocod 320.5-30-16 mg                                                         |                           |
| <b>ANALGESIC OPIOID DIHYDROCODEINE, NON-SALICYLATE ANALGESIC,XANTHINE</b>                            |                           |
| acetaminophen-caff-dihydrocod 320.5-30-16 mg                                                         |                           |
| <b>ANALGESIC OPIOID HYDROCODONE AND NON-SALICYLATE COMBINATIONS</b>                                  |                           |
| hydrocodone-acetaminophen 5 mg-217 mg/10 ml solution cup                                             |                           |
| hydrocodone-acetaminophen 7.5-325 mg/15 ml solution                                                  |                           |
| hydrocodone-acetaminophen 7.5-325 mg/15 ml solution cup inner                                        |                           |
| hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml)                      |                           |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml                                             |                           |
| hydrocodone-acetaminophen oral tablet                                                                |                           |
| <b>ANALGESIC OPIOID HYDROCODONE AND NSAID COMBINATIONS</b>                                           |                           |
| hydrocodone-ibuprofen                                                                                |                           |
| <b>ANALGESIC OPIOID HYDROCODONE COMBINATIONS</b>                                                     |                           |
| hydrocodone-acetaminophen 5 mg-217 mg/10 ml solution cup                                             |                           |
| hydrocodone-acetaminophen 7.5-325 mg/15 ml solution                                                  |                           |
| hydrocodone-acetaminophen 7.5-325 mg/15 ml solution cup inner                                        |                           |
| hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml)                      |                           |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml                                             |                           |
| hydrocodone-acetaminophen oral tablet                                                                |                           |
| hydrocodone-ibuprofen                                                                                |                           |
| <b>ANALGESIC OPIOID OXYCODONE AND NON-SALICYLATE COMBINATIONS</b>                                    |                           |
| ENDOCET                                                                                              |                           |
| oxycodone-acetaminophen oral solution 10-300 mg/5 ml                                                 | PA                        |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg                      |                           |
| <b>ANALGESIC OPIOID OXYCODONE COMBINATIONS</b>                                                       |                           |
| ENDOCET                                                                                              |                           |
| oxycodone-acetaminophen oral solution 10-300 mg/5 ml                                                 | PA                        |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg                      |                           |

| Product Description                                                                  | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------------------|---------------------------|
| <b>ANALGESIC OPIOID PARTIAL-MIXED AGONISTS</b>                                       |                           |
| buprenorphine                                                                        | PA                        |
| butorphanol nasal                                                                    | QL                        |
| pentazocine-naloxone                                                                 |                           |
| <b>ANALGESIC OPIOID TRAMADOL AND NON-SALICYLATE COMBINATIONS</b>                     |                           |
| tramadol-acetaminophen                                                               |                           |
| <b>ANALGESIC OPIOID TRAMADOL COMBINATIONS</b>                                        |                           |
| tramadol-acetaminophen                                                               |                           |
| <b>ANALGESIC OR ANTIPYRETIC NON-OPIOID</b>                                           |                           |
| 8 HOUR PAIN RELIEVER                                                                 |                           |
| acetaminophen oral liquid 160 mg/5 ml                                                |                           |
| acetaminophen oral tablet                                                            |                           |
| acetaminophen oral tablet extended release                                           |                           |
| acetaminophen rectal                                                                 |                           |
| ARTHRITIS PAIN RELIEF (ACETAM)                                                       |                           |
| CHILDREN'S PAIN-FEVER RELIEF ORAL SUSPENSION                                         |                           |
| FEVERALL RECTAL SUPPOSITORY 120 MG, 325 MG, 650 MG                                   |                           |
| INFANTS' PAIN AND FEVER                                                              |                           |
| MAPAP (ACETAMINOPHEN) ORAL CAPSULE                                                   |                           |
| PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET                                              |                           |
| PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET EXTENDED RELEASE                             |                           |
| PAIN RELIEF ES (ACETAMINOPHEN)                                                       |                           |
| PAIN RELIEVER (ACETAMINOPHEN) ORAL TABLET 325 MG                                     |                           |
| PAIN RELIEVER ES(ACETAMINOPHN)                                                       |                           |
| <b>ANALGESIC OR ANTIPYRETIC NON-OPIOID/SEDATIVE COMBINATIONS</b>                     |                           |
| butalbital-acetaminophen oral tablet 50-325 mg                                       |                           |
| butalbital-acetaminophen-caff oral capsule                                           |                           |
| butalbital-acetaminophen-caff oral tablet                                            |                           |
| <b>ANTI-INFLAMMATORY - COMPLEMENT (C5) RECEPTOR INHIBITORS</b>                       |                           |
| TAVNEOS                                                                              | PA; QL                    |
| <b>ANTI-INFLAMMATORY - INTERLEUKIN-1 RECEPTOR ANTAGONIST</b>                         |                           |
| ARCALYST                                                                             | PA; QL                    |
| <b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGNTS, NON-SELECTIVE</b>       |                           |
| ENBREL MINI                                                                          | PA; QL; MS                |
| ENBREL SUBCUTANEOUS SOLUTION                                                         | PA; QL; MS                |
| ENBREL SUBCUTANEOUS SYRINGE                                                          | PA; QL; MS                |
| ENBREL SURECLICK                                                                     | PA; QL; MS                |
| <b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGNTS, TNF-ALPHA SELECTIVE</b> |                           |
| CIMZIA                                                                               | PA; QL; MS                |
| CIMZIA STARTER KIT                                                                   | PA; QL; MS                |
| HADLIMA                                                                              | PA; QL; MS                |
| HADLIMA PUSH TOUCH                                                                   | PA; QL; MS                |
| HADLIMA(CF)                                                                          | PA; QL; MS                |
| HADLIMA(CF) PUSH TOUCH                                                               | PA; QL; MS                |
| HUMIRA PEN (ABBVIE)                                                                  | PA; QL; MS                |
| HUMIRA SYRINGE KIT (ABBVIE)                                                          | PA; QL; MS                |
| HUMIRA(CF) (ABBVIE)                                                                  | PA; QL; MS                |
| HUMIRA(CF) PEN (ABBVIE)                                                              | PA; QL; MS                |
| HUMIRA(CF) PEN CROHNS-UC-HS (ABBVIE)                                                 | PA; QL; MS                |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ABBVIE)                                              | PA; QL; MS                |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| SIMLANDI(CF) AUTOINJECTOR                                                     | PA; QL; MS                |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML              | PA; QL; MS                |
| SIMPONI                                                                       | PA; QL; MS                |
| <b>DMARD - ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS</b>      |                           |
| CIMZIA                                                                        | PA; QL; MS                |
| CIMZIA STARTER KIT                                                            | PA; QL; MS                |
| ENBREL MINI                                                                   | PA; QL; MS                |
| ENBREL SUBCUTANEOUS SOLUTION                                                  | PA; QL; MS                |
| ENBREL SUBCUTANEOUS SYRINGE                                                   | PA; QL; MS                |
| ENBREL SURECLICK                                                              | PA; QL; MS                |
| HADLIMA                                                                       | PA; QL; MS                |
| HADLIMA PUSHTOUCH                                                             | PA; QL; MS                |
| HADLIMA(CF)                                                                   | PA; QL; MS                |
| HADLIMA(CF) PUSHTOUCH                                                         | PA; QL; MS                |
| HUMIRA PEN (ABBVIE)                                                           | PA; QL; MS                |
| HUMIRA SYRINGE KIT (ABBVIE)                                                   | PA; QL; MS                |
| HUMIRA(CF) (ABBVIE)                                                           | PA; QL; MS                |
| HUMIRA(CF) PEN (ABBVIE)                                                       | PA; QL; MS                |
| HUMIRA(CF) PEN CROHNS-UC-HS (ABBVIE)                                          | PA; QL; MS                |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ABBVIE)                                       | PA; QL; MS                |
| SIMLANDI(CF) AUTOINJECTOR                                                     | PA; QL; MS                |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML              | PA; QL; MS                |
| SIMPONI                                                                       | PA; QL; MS                |
| <b>DMARD - ANTIMALARIALS</b>                                                  |                           |
| hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg                         | QL                        |
| hydroxychloroquine oral tablet 200 mg                                         |                           |
| <b>DMARD - ANTIMETABOLITES</b>                                                |                           |
| methotrexate sodium                                                           |                           |
| methotrexate sodium (pf) injection solution                                   |                           |
| XATMEP                                                                        | PA                        |
| <b>DMARD - ANTINFLAMMATORY, SELECT. COSTIMULATION MODULATOR,T-CELL INHIB.</b> |                           |
| ORENCIA                                                                       | PA; QL; MS                |
| ORENCIA CLICKJECT                                                             | PA; QL; MS                |
| <b>DMARD - IMMUNOSUPPRESSIVES</b>                                             |                           |
| azathioprine oral tablet 50 mg                                                |                           |
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION                                   |                           |
| cyclophosphamide oral capsule                                                 |                           |
| cyclophosphamide oral tablet 50 mg                                            |                           |
| cyclosporine modified                                                         |                           |
| cyclosporine oral capsule                                                     |                           |
| GENGRAF                                                                       |                           |
| mycophenolate mofetil                                                         |                           |
| <b>DMARD - INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>                     |                           |
| KINERET                                                                       | PA; QL                    |
| <b>DMARD - INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS, MONOCLONAL ANTIBODY</b>  |                           |
| ACTEMRA ACTPEN                                                                | PA; QL; MS                |
| ACTEMRA SUBCUTANEOUS                                                          | PA; QL; MS                |
| TYENNE AUTOINJECTOR                                                           | PA; QL                    |
| TYENNE SUBCUTANEOUS                                                           | PA; QL                    |

| Product Description                                                                         | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------|---------------------------|
| <b>DMARD - JANUS KINASE (JAK) INHIBITORS</b>                                                |                           |
| RINVOQ                                                                                      | PA; QL; MS                |
| RINVOQ LQ                                                                                   | PA; QL; MS                |
| XELJANZ ORAL SOLUTION                                                                       | PA; QL; MS                |
| XELJANZ ORAL TABLET 5 MG                                                                    | PA; QL; MS                |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG                                         | PA; QL; MS                |
| <b>DMARD - OTHER</b>                                                                        |                           |
| minocycline oral capsule                                                                    |                           |
| minocycline oral tablet                                                                     |                           |
| penicillamine oral capsule (generic for cuprimine)                                          | QL                        |
| sulfasalazine                                                                               |                           |
| <b>DMARD - PHOSPHODIESTERASE-4 (PDE4) INHIBITORS</b>                                        |                           |
| OTEZLA                                                                                      | PA; QL; MS                |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | PA; QL; MS                |
| OTEZLA XR                                                                                   | PA; QL; MS                |
| OTEZLA XR INITIATION                                                                        | PA; QL; MS                |
| <b>DMARD - PYRIMIDINE SYNTHESIS INHIBITORS</b>                                              |                           |
| leflunomide                                                                                 |                           |
| <b>IMMUNOMODULATOR - RHO KINASE INHIBITOR</b>                                               |                           |
| REZUROCK                                                                                    | PA; QL; MS                |
| <b>IMMUNOMODULATOR B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITOR MCAB</b>               |                           |
| BENLYSTA SUBCUTANEOUS                                                                       | QL; MS                    |
| <b>NSAID ANALGESIC AND PROTON PUMP INHIBITOR COMBINATIONS</b>                               |                           |
| naproxen-esomeprazole                                                                       | PA; QL                    |
| <b>NSAID ANALGESIC, CYCLOOXYGENASE-2 (COX-2) SELECTIVE INHIBITORS</b>                       |                           |
| celecoxib                                                                                   | QL                        |
| <b>NSAID ANALGESICS (COX NON-SPECIFIC) - OTHER</b>                                          |                           |
| ketorolac oral                                                                              | QL                        |
| nabumetone                                                                                  | QL                        |
| sulindac                                                                                    |                           |
| <b>NSAID ANALGESICS (COX NON-SPECIFIC) - OXICAM DERIVATIVES</b>                             |                           |
| meloxicam oral tablet                                                                       |                           |
| piroxicam                                                                                   |                           |
| <b>NSAID ANALGESICS (COX NON-SPECIFIC) - PHENYLACETIC ACID DERIVATIVES</b>                  |                           |
| diclofenac potassium oral tablet 50 mg                                                      |                           |
| diclofenac sodium oral                                                                      |                           |
| diclofenac submicronized                                                                    | PA; QL                    |
| <b>NSAID ANALGESICS (COX NON-SPECIFIC) - PROPIONIC ACID DERIVATIVES</b>                     |                           |
| CHILDREN'S IBUPROFEN                                                                        |                           |
| flurbiprofen oral tablet 100 mg                                                             |                           |
| IBU                                                                                         |                           |
| IBU-200                                                                                     |                           |
| ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg                                        |                           |
| ketoprofen oral capsule 50 mg, 75 mg                                                        |                           |
| LURBIRO                                                                                     |                           |
| naproxen oral tablet                                                                        |                           |
| naproxen oral tablet,delayed release (dr/ec) 375 mg                                         |                           |
| naproxen sodium oral tablet 275 mg, 550 mg                                                  |                           |
| oxaprozin oral tablet                                                                       | QL                        |

| Product Description                                                               | Limits/Restrictions/Notes |
|-----------------------------------------------------------------------------------|---------------------------|
| <b>NSAID ANALGESICS, (COX NON-SPECIFIC) - INDOLE ACETIC ACID DERIVATIVES</b>      |                           |
| etodolac                                                                          |                           |
| indomethacin oral capsule                                                         |                           |
| indomethacin oral capsule, extended release                                       |                           |
| <b>SALICYLATE ANALGESIC AND SEDATIVE COMBINATIONS</b>                             |                           |
| butalbital-aspirin-caffeine oral capsule                                          | QL                        |
| <b>SALICYLATE ANALGESICS</b>                                                      |                           |
| aspirin oral tablet 325 mg                                                        | QL                        |
| ASPIRIN ORAL TABLET,CHEWABLE                                                      | QL                        |
| aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg                         | QL                        |
| aspirin rectal                                                                    |                           |
| diflunisal                                                                        |                           |
| salsalate                                                                         |                           |
| <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 %) |                           |
| lidocaine hcl laryngotracheal                                                     |                           |
| <b>ANORECTAL PREPARATIONS</b>                                                     |                           |
| <b>ANAL FISSURE PAIN/TREATMENT AGENTS - NITRATES</b>                              |                           |
| nitroglycerin rectal                                                              | QL                        |
| RECTIV                                                                            | QL                        |
| <b>ANORECTAL - GLUCOCORTICOIDS</b>                                                |                           |
| HEMMOREX-HC RECTAL SUPPOSITORY 30 MG                                              |                           |
| hydrocortisone topical cream with perineal applicator                             |                           |
| PROCTO-MED HC                                                                     |                           |
| PROCTOSOL HC TOPICAL                                                              |                           |
| PROCTOZONE-HC                                                                     |                           |
| <b>ANORECTAL - HEMORRHOIDAL RECTAL GLUCOCORTICOID-LOCAL ANESTHETIC COMB</b>       |                           |
| lidocaine hcl-hydrocortison ac rectal cream                                       |                           |
| lidocaine hcl-hydrocortison ac rectal gel                                         |                           |
| <b>ANTIDOTES AND OTHER REVERSAL AGENTS</b>                                        |                           |
| <b>ANTIDOTE - ACETAMINOPHEN POISONING</b>                                         |                           |
| acetylcysteine                                                                    |                           |
| acetylcysteine intravenous                                                        |                           |
| <b>CHELATING AGENTS - COPPER</b>                                                  |                           |
| penicillamine oral capsule (generic for cuprimine)                                | QL                        |
| trientine oral capsule 250 mg                                                     | PA                        |
| trientine oral capsule 500 mg                                                     | PA; QL                    |
| <b>CHELATING AGENTS - IRON</b>                                                    |                           |
| deferasirox oral tablet                                                           | MS                        |
| deferasirox oral tablet, dispersible                                              | MS                        |
| <b>MU-OPIOID RECEPTOR ANTAGONISTS, PERIPHERALLY-ACTING</b>                        |                           |
| alvimopan                                                                         |                           |
| <b>OPIOID REVERSAL AGENTS - OPIOID ANTAGONISTS</b>                                |                           |
| KLOXXADO                                                                          |                           |
| naloxone hcl 4 mg nasal spray inner (otc)                                         |                           |
| naloxone hcl 4 mg nasal spray outer (otc)                                         |                           |
| naloxone injection solution                                                       |                           |
| naloxone injection syringe                                                        |                           |
| naloxone nasal spray,non-aerosol 4 mg/actuation                                   |                           |

| Product Description                                                       | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------|---------------------------|
| OPVEE                                                                     |                           |
| REXTOVY                                                                   |                           |
| ZIMHI                                                                     |                           |
| ZURNAI                                                                    |                           |
| <b>ANTI-INFECTIVE AGENTS</b>                                              |                           |
| <b>AMINOGLYCOSIDE ANTIBIOTIC</b>                                          |                           |
| ARIKAYCE                                                                  | PA; QL                    |
| gentamicin injection                                                      |                           |
| neomycin                                                                  |                           |
| tobramycin sulfate injection solution                                     |                           |
| <b>AMINOMETHYLCYCLINE ANTIBIOTICS</b>                                     |                           |
| NUZYRA ORAL                                                               | PA; QL                    |
| <b>AMINOPENICILLIN ANTIBIOTIC</b>                                         |                           |
| amoxicillin oral capsule                                                  |                           |
| amoxicillin oral suspension for reconstitution                            |                           |
| amoxicillin oral tablet                                                   |                           |
| amoxicillin oral tablet, chewable 125 mg, 250 mg                          |                           |
| ampicillin oral capsule 500 mg                                            |                           |
| <b>AMINOPENICILLIN ANTIBIOTIC - BETA-LACTAMASE INHIBITOR COMBINATIONS</b> |                           |
| amoxicillin-pot clavulanate                                               |                           |
| <b>ANTHELMINTIC AGENTS - BENZIMIDAZOLE DERIVATIVES</b>                    |                           |
| albendazole                                                               |                           |
| EMVERM                                                                    | PA; QL                    |
| <b>ANTHELMINTIC AGENTS - MACROCYCLIC LACTONES</b>                         |                           |
| ivermectin oral tablet 3 mg                                               |                           |
| <b>ANTHELMINTIC AGENTS OTHER</b>                                          |                           |
| praziquantel                                                              |                           |
| <b>ANTIBACTERIAL FOLATE ANTAGONIST - OTHER COMBINATIONS</b>               |                           |
| sulfamethoxazole-trimethoprim oral                                        |                           |
| SULFATRIM                                                                 |                           |
| <b>ANTIBACTERIAL FOLATE ANTAGONIST OTHERS</b>                             |                           |
| trimethoprim                                                              |                           |
| <b>ANTIBACTERIAL NITROFURAN DERIVATIVES</b>                               |                           |
| nitrofurantoin macrocrystal                                               |                           |
| nitrofurantoin monohydrate macrocrystals                                  |                           |
| nitrofurantoin oral suspension 25 mg/5 ml                                 |                           |
| <b>ANTIFUNGAL - ALLYLAMINES</b>                                           |                           |
| terbinafine hcl oral                                                      |                           |
| <b>ANTIFUNGAL - AMPHOTERIC POLYENE MACROLIDES</b>                         |                           |
| amphotericin b                                                            |                           |
| nystatin oral tablet                                                      |                           |
| <b>ANTIFUNGAL - FLUORINATED PYRIMIDINE-TYPE AGENTS</b>                    |                           |
| flucytosine                                                               |                           |
| <b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITOR, TRITERPENOID</b>              |                           |
| BREXAFEMME                                                                | PA; QL                    |
| <b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>                           |                           |
| BREXAFEMME                                                                | PA; QL                    |
| <b>ANTIFUNGAL - IMIDAZOLES</b>                                            |                           |
| ketoconazole oral                                                         |                           |

| Product Description                                                         | Limits/Restrictions/Notes |
|-----------------------------------------------------------------------------|---------------------------|
| <b>ANTIFUNGAL - TETRAZOLES</b>                                              |                           |
| VIVJOA                                                                      | PA; QL                    |
| <b>ANTIFUNGAL - TRIAZOLES</b>                                               |                           |
| CRESEMBA ORAL                                                               |                           |
| fluconazole                                                                 |                           |
| itraconazole                                                                |                           |
| voriconazole oral suspension for reconstitution                             |                           |
| voriconazole oral tablet 200 mg                                             | QL                        |
| voriconazole oral tablet 50 mg                                              |                           |
| <b>ANTIFUNGAL OTHER</b>                                                     |                           |
| griseofulvin microsize                                                      |                           |
| griseofulvin ultramicrosize oral tablet 125 mg, 250 mg                      |                           |
| <b>ANTI-INFECTIVE IMMUNOLOGIC ADJUVANTS - INTERFERONS</b>                   |                           |
| ACTIMMUNE                                                                   | PA; QL; MS                |
| <b>ANTILEPTIC - IMMUNOMODULATORS</b>                                        |                           |
| THALOMID ORAL CAPSULE 100 MG, 50 MG                                         | QL; MS                    |
| <b>ANTILEPTIC - SULFONE AGENTS</b>                                          |                           |
| dapsone oral                                                                |                           |
| <b>ANTIMALARIAL COMBINATIONS</b>                                            |                           |
| atovaquone-proguanil                                                        |                           |
| <b>ANTIMALARIALS</b>                                                        |                           |
| chloroquine phosphate                                                       |                           |
| hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg                       | QL                        |
| hydroxychloroquine oral tablet 200 mg                                       |                           |
| KRINTAFEL                                                                   |                           |
| mefloquine                                                                  |                           |
| primaquine 26.3 mg tablet (sanofi)                                          |                           |
| primaquine oral tablet 26.3 mg (15 mg base)                                 |                           |
| pyrimethamine                                                               | PA; MS                    |
| quinine sulfate                                                             | PA                        |
| <b>ANTIPROTOZOAL AGENTS - NITROFURAN DERIVATIVES</b>                        |                           |
| LAMPIT                                                                      |                           |
| <b>ANTIPROTOZOAL AGENTS - NITROIMIDAZOLE DERIVATIVES</b>                    |                           |
| benznidazole                                                                | QL                        |
| <b>ANTIPROTOZOAL AGENTS - OTHER</b>                                         |                           |
| atovaquone                                                                  |                           |
| IMPAVIDO                                                                    | PA; QL                    |
| <b>ANTIPROTOZOAL AGENTS (ANTIPARASITIC) - 5-NITROTHIAZOLYL DERIVATIVES</b>  |                           |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION                                   | QL                        |
| nitazoxanide                                                                | QL                        |
| <b>ANTIPROTOZOAL-ANTIBACTERIAL 1ST GENERATION 2-METHYL-5-NITROIMIDAZOLE</b> |                           |
| metronidazole oral tablet 250 mg, 500 mg                                    |                           |
| <b>ANTIPROTOZOAL-ANTIBACTERIAL 2ND GENERATION 2-METHYL-5-NITROIMIDAZOLE</b> |                           |
| tinidazole                                                                  |                           |
| <b>ANTIRETROVIRAL - CAPSID INHIBITORS</b>                                   |                           |
| YEZTUGO ORAL                                                                | QL                        |
| <b>ANTIRETROVIRAL - CCR5 CO-RECEPTOR ANTAGONIST</b>                         |                           |
| maraviroc                                                                   | QL                        |
| SELZENTRY ORAL SOLUTION                                                     |                           |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| <b>ANTIRETROVIRAL - CD4 ATTACHMENT INHIBITORS</b>                             |                           |
| RUKOBIA                                                                       |                           |
| <b>ANTIRETROVIRAL - HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS</b>            |                           |
| ISENTRESS HD                                                                  |                           |
| ISENTRESS ORAL POWDER IN PACKET                                               |                           |
| ISENTRESS ORAL TABLET                                                         | QL                        |
| ISENTRESS ORAL TABLET,CHEWABLE                                                | QL                        |
| TIVICAY ORAL TABLET 50 MG                                                     |                           |
| TIVICAY PD                                                                    |                           |
| <b>ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NNRTI COMBINATIONS</b>            |                           |
| JULUCA                                                                        |                           |
| <b>ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NRTI COMBINATIONS</b>             |                           |
| DOVATO                                                                        |                           |
| <b>ANTIRETROVIRAL - NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIB (NNRTI)</b>    |                           |
| EDURANT                                                                       |                           |
| EDURANT PED                                                                   |                           |
| efavirenz oral tablet                                                         |                           |
| etravirine                                                                    |                           |
| INTELENCE ORAL TABLET 25 MG                                                   |                           |
| nevirapine                                                                    |                           |
| PIFELTRO                                                                      | QL                        |
| <b>ANTIRETROVIRAL - NUCLEOSIDE AND NUCLEOTIDE ANALOG RTIS COMBINATIONS</b>    |                           |
| CIMDUO                                                                        | QL                        |
| DESCOVY                                                                       |                           |
| emtricitabine-tenofovir (tdf)                                                 |                           |
| <b>ANTIRETROVIRAL - NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>    |                           |
| abacavir                                                                      |                           |
| emtricitabine                                                                 |                           |
| EMTRIVA ORAL SOLUTION                                                         |                           |
| lamivudine oral solution                                                      |                           |
| lamivudine oral tablet 150 mg, 300 mg                                         |                           |
| zidovudine                                                                    |                           |
| <b>ANTIRETROVIRAL - NUCLEOTIDE ANALOG REVERSE TRANSCRIPTASE INHIBITORS</b>    |                           |
| tenofovir disoproxil fumarate                                                 |                           |
| VIREAD ORAL POWDER                                                            |                           |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                                     |                           |
| <b>ANTIRETROVIRAL - PRE-EXPOSURE PROPHYLAXIS (PREP)</b>                       |                           |
| YEZTUGO ORAL                                                                  | QL                        |
| <b>ANTIRETROVIRAL COMBINATIONS - PROTEASE INHIBITORS</b>                      |                           |
| lopinavir-ritonavir oral tablet                                               |                           |
| <b>ANTIRETROVIRAL- NUCLEOSIDE AND NUCLEOTIDE ANALOGS,PROTEASE INHIBITORS</b>  |                           |
| SYM TUZA                                                                      | QL                        |
| <b>ANTIRETROVIRAL-INTEGRASE INHIBITOR,NUCLEOSIDE AND NUCLEOTIDE RTIS COMB</b> |                           |
| BIKTARVY                                                                      | QL                        |
| GENVOYA                                                                       |                           |
| STRIBILD                                                                      | QL                        |
| <b>ANTIRETROVIRAL-NUCLEOSIDE ANALOGS AND INTEGRASE INHIBITOR COMBINATIONS</b> |                           |
| TRIUMEQ                                                                       |                           |
| TRIUMEQ PD                                                                    | QL                        |

| Product Description                                                                              | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------------------------------|---------------------------|
| <b>ANTIRETROVIRAL-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) COMB</b>                    |                           |
| abacavir-lamivudine                                                                              |                           |
| lamivudine-zidovudine                                                                            |                           |
| <b>ANTIRETROVIRAL-NUCLEOSIDE, NUCLEOTIDE ANALOGS AND NON-NUCLEOSIDE RTI</b>                      |                           |
| DELSTRIGO                                                                                        | QL                        |
| efavirenz-emtricitabin-tenofov                                                                   | QL                        |
| efavirenz-lamivu-tenofov disop                                                                   | QL                        |
| emtricitata-rilpivirine-tenof df                                                                 |                           |
| ODEFSEY                                                                                          |                           |
| <b>ANTITUBERCULAR - D-ALANINE ANALOGS</b>                                                        |                           |
| cycloserine                                                                                      |                           |
| <b>ANTITUBERCULAR - ISONICOTINIC ACID DERIVATIVES</b>                                            |                           |
| isoniazid oral                                                                                   |                           |
| <b>ANTITUBERCULAR - NIACINAMIDE DERIVATIVES</b>                                                  |                           |
| pyrazinamide                                                                                     |                           |
| <b>ANTITUBERCULAR - RIFAMYCIN AND DERIVATIVES</b>                                                |                           |
| rifabutin                                                                                        |                           |
| rifampin oral                                                                                    |                           |
| <b>ANTITUBERCULAR AGENTS OTHER</b>                                                               |                           |
| ethambutol                                                                                       |                           |
| <b>CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION</b>                                                |                           |
| cefadroxil oral capsule                                                                          |                           |
| cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml                           |                           |
| cefadroxil oral tablet                                                                           |                           |
| cephalexin                                                                                       |                           |
| <b>CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION</b>                                                |                           |
| cefaclor oral capsule                                                                            |                           |
| cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml                |                           |
| cefaclor oral tablet extended release 12 hr                                                      |                           |
| cefprozil                                                                                        |                           |
| cefuroxime axetil oral tablet                                                                    |                           |
| <b>CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION</b>                                                |                           |
| cefdinir                                                                                         |                           |
| cefixime                                                                                         |                           |
| cefpodoxime                                                                                      |                           |
| <b>CMV ANTIVIRAL AGENT - NUCLEOSIDE ANALOGS</b>                                                  |                           |
| valganciclovir                                                                                   |                           |
| <b>FLUOROQUINOLONE ANTIBIOTICS</b>                                                               |                           |
| ciprofloxacin                                                                                    |                           |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg                                             |                           |
| levofloxacin oral                                                                                |                           |
| moxifloxacin oral                                                                                |                           |
| ofloxacin oral tablet 300 mg, 400 mg                                                             |                           |
| <b>GLYCOPEPTIDE ANTIBIOTICS</b>                                                                  |                           |
| vancomycin 25 mg/ml oral soln (wilshire pharmaceuticals)                                         |                           |
| VANCOMYCIN 25 MG/ML ORAL SOLN (WILSHIRE PHARMACEUTICALS)                                         |                           |
| vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg |                           |
| vancomycin intravenous recon soln 1.75 gram, 2 gram                                              |                           |
| vancomycin oral capsule                                                                          |                           |
| vancomycin oral recon soln 25 mg/ml, 50 mg/ml                                                    |                           |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| <b>HEPATITIS B TREATMENT- NUCLEOSIDE ANALOGS (ANTIVIRAL)</b>                  |                           |
| BARACLUDE                                                                     | QL                        |
| entecavir                                                                     | QL                        |
| lamivudine oral tablet 100 mg                                                 |                           |
| <b>HEPATITIS B TREATMENT- NUCLEOTIDE ANALOGS (ANTIVIRAL)</b>                  |                           |
| adefovir                                                                      |                           |
| tenofovir disoproxil fumarate                                                 |                           |
| VIREAD ORAL POWDER                                                            |                           |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                                     |                           |
| <b>HEPATITIS C - INTERFERONS</b>                                              |                           |
| PEGASYS                                                                       | PA; QL; MS                |
| <b>HEPATITIS C - NS5A INHIBITOR AND NS3/4A PROTEASE INHIBITOR COMBINATION</b> |                           |
| MAVYRET                                                                       | PA; QL; MS                |
| <b>HEPATITIS C - NS5B POLYMERASE AND NS5A INHIBITOR COMBINATIONS</b>          |                           |
| EPCLUSA                                                                       | PA; QL; MS                |
| HARVONI                                                                       | PA; QL; MS                |
| ledipasvir-sofosbuvir                                                         | PA; QL; MS                |
| sofosbuvir-velpatasvir                                                        | PA; QL; MS                |
| <b>HEPATITIS C - NUCLEOSIDE ANALOGS</b>                                       |                           |
| ribavirin oral capsule                                                        | PA; MS                    |
| ribavirin oral tablet 200 mg                                                  | PA; MS                    |
| <b>HERPES ANTIVIRAL AGENT - PURINE ANALOGS</b>                                |                           |
| acyclovir oral capsule                                                        |                           |
| acyclovir oral suspension 200 mg/5 ml                                         |                           |
| acyclovir oral tablet                                                         |                           |
| valacyclovir                                                                  |                           |
| <b>HERPES ANTIVIRAL AGENT - THYMIDINE ANALOGS</b>                             |                           |
| famciclovir oral tablet 125 mg, 250 mg                                        |                           |
| famciclovir oral tablet 500 mg                                                | QL                        |
| <b>INFLUENZA ANTIVIRAL AGENTS - NEURAMINIDASE INHIBITORS</b>                  |                           |
| oseltamivir                                                                   | QL                        |
| <b>INFLUENZA ANTIVIRAL AGENTS - PA ENDONUCLEASE INHIBITOR</b>                 |                           |
| XOFLUZA ORAL TABLET 40 MG, 80 MG                                              | QL                        |
| <b>INFLUENZA-A ANTIVIRAL AGENTS</b>                                           |                           |
| rimantadine                                                                   |                           |
| <b>LINCOSAMIDE ANTIBIOTICS</b>                                                |                           |
| clindamycin hcl                                                               |                           |
| CLINDAMYCIN PEDIATRIC                                                         |                           |
| <b>MACROLIDE ANTIBIOTICS</b>                                                  |                           |
| azithromycin oral                                                             |                           |
| clarithromycin                                                                |                           |
| DIFICID                                                                       |                           |
| ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG                    |                           |
| ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG                            |                           |
| ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG                                   |                           |
| erythromycin oral                                                             |                           |
| fidaxomicin                                                                   |                           |
| <b>MISC ANTI-INFECTIVE</b>                                                    |                           |
| methenamine hippurate                                                         |                           |
| methenamine mandelate                                                         |                           |

| Product Description                                                 | Limits/Restrictions/Notes |
|---------------------------------------------------------------------|---------------------------|
| <b>MISC ANTI-INFECTIVE COMBINATIONS</b>                             |                           |
| methen-sod phos-meth blue-hyos                                      |                           |
| URETRON D-S                                                         |                           |
| URIMAR-T ORAL TABLET                                                |                           |
| UROGESIC-BLUE                                                       |                           |
| URL                                                                 |                           |
| <b>OXAZOLIDINONE ANTIBIOTICS</b>                                    |                           |
| linezolid oral suspension for reconstitution                        |                           |
| linezolid oral tablet                                               | QL                        |
| SIVEXTRO ORAL                                                       | PA; QL                    |
| ZYVOX ORAL SUSPENSION FOR RECONSTITUTION                            |                           |
| <b>PENICILLIN ANTIBIOTIC - NATURAL</b>                              |                           |
| penicillin v potassium                                              |                           |
| <b>PENICILLIN ANTIBIOTIC - PENICILLINASE-RESISTANT</b>              |                           |
| dicloxacillin                                                       |                           |
| <b>PLEUROMUTILIN ANTIBIOTICS</b>                                    |                           |
| XENLETA ORAL                                                        | PA; QL                    |
| <b>PROTEASE INHIBITORS (NON-PEPTIDIC) ANTIRETROVIRAL</b>            |                           |
| APTIVUS                                                             |                           |
| darunavir                                                           |                           |
| PREZISTA ORAL SUSPENSION                                            |                           |
| <b>PROTEASE INHIBITORS (PEPTIDIC) ANTIRETROVIRAL</b>                |                           |
| atazanavir                                                          |                           |
| fosamprenavir                                                       |                           |
| REYATAZ ORAL POWDER IN PACKET                                       |                           |
| ritonavir                                                           |                           |
| VIRACEPT ORAL TABLET                                                |                           |
| <b>RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS</b>                |                           |
| rifabutin                                                           |                           |
| rifampin oral                                                       |                           |
| <b>SARS-COV-2 ANTIVIRAL AGENT - MAIN PROTEASE (MPRO) INHIBITORS</b> |                           |
| PAXLOVID                                                            | QL                        |
| <b>SARS-COV-2 ANTIVIRAL AGENT - RNA POLYMERASE INHIBITORS</b>       |                           |
| LAGEVRIO (EUA)                                                      | QL                        |
| <b>SULFONAMIDE ANTIBIOTIC</b>                                       |                           |
| sulfadiazine                                                        |                           |
| <b>TETRACYCLINE ANTIBIOTICS</b>                                     |                           |
| AVIDOXY                                                             |                           |
| demeclocycline                                                      |                           |
| doxycycline hyclate oral capsule                                    |                           |
| doxycycline hyclate oral tablet 100 mg, 50 mg                       |                           |
| doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg     |                           |
| doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg           |                           |
| doxycycline monohydrate oral suspension for reconstitution          |                           |
| doxycycline monohydrate oral tablet                                 |                           |
| minocycline oral capsule                                            |                           |
| minocycline oral tablet                                             |                           |
| MONDOXYNE NL                                                        |                           |
| MORGIDOX ORAL CAPSULE 50 MG                                         |                           |
| NUZYRA ORAL                                                         | PA; QL                    |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| tetracycline oral capsule                                                     |                           |
| <b>ANTINEOPLASTICS</b>                                                        |                           |
| <b>ANTINEOPLASTIC-EPIDERM.GROWTH FACTOR-EGFR (ERBB1),HER-2 (ERBB2)R.INHIB</b> |                           |
| lapatinib                                                                     | PA; QL; MS                |
| <b>ANTINEOPLASTIC - CYP17 (17 ALPHA-HYDROXYLASE/C17,20-LYASE) INHIBITOR</b>   |                           |
| abiraterone oral tablet 250 mg                                                | QL; MS                    |
| YONSA                                                                         | PA; QL; MS                |
| <b>ANTINEOPLASTIC - 2ND GENERATION EGFR TYROSINE KINASE INHIBITOR</b>         |                           |
| GILOTRIF                                                                      | PA; QL; MS                |
| NERLYNX                                                                       | PA; QL; MS                |
| VIZIMPRO                                                                      | PA; QL; MS                |
| <b>ANTINEOPLASTIC - 3RD GENERATION EGFR TYROSINE KINASE INHIBITOR</b>         |                           |
| TAGRISSO                                                                      | PA; QL; MS                |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - ALKYL SULFONATES</b>                   |                           |
| MYLERAN                                                                       |                           |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - METHYLHYDRAZINES</b>                   |                           |
| MATULANE                                                                      |                           |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - NITROGEN MUSTARDS</b>                  |                           |
| ALKERAN                                                                       |                           |
| cyclophosphamide oral capsule                                                 |                           |
| cyclophosphamide oral tablet 50 mg                                            |                           |
| LEUKERAN                                                                      |                           |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - NITROSOUREAS</b>                       |                           |
| GLEOSTINE                                                                     |                           |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - TRIAZENES</b>                          |                           |
| temozolomide                                                                  | MS                        |
| <b>ANTINEOPLASTIC - ANAPLASTIC LYMPHOMA KINASE (ALK) INHIBITORS</b>           |                           |
| ALECENSA                                                                      | PA; QL; MS                |
| ALUNBRIG                                                                      | PA; QL                    |
| LORBRENA                                                                      | PA; QL; MS                |
| XALKORI                                                                       | PA; QL; MS                |
| ZYKADIA                                                                       | PA; QL; MS                |
| <b>ANTINEOPLASTIC - ANTIADRENALS</b>                                          |                           |
| LYSODREN                                                                      |                           |
| <b>ANTINEOPLASTIC - ANTIANDROGENS</b>                                         |                           |
| abiraterone oral tablet 250 mg                                                | QL; MS                    |
| bicalutamide                                                                  |                           |
| ERLEADA                                                                       | PA; QL; MS                |
| nilutamide                                                                    |                           |
| NUBEQA                                                                        | PA; QL; MS                |
| XTANDI                                                                        | PA; QL; MS                |
| YONSA                                                                         | PA; QL; MS                |
| <b>ANTINEOPLASTIC - ANTIMETABOLITE - FOLIC ACID ANALOGS</b>                   |                           |
| methotrexate sodium                                                           |                           |
| methotrexate sodium (pf)                                                      |                           |
| XATMEP                                                                        | PA                        |
| <b>ANTINEOPLASTIC - ANTIMETABOLITE - PURINE ANALOGS</b>                       |                           |
| mercaptopurine oral suspension                                                | PA; QL; MS                |
| mercaptopurine oral tablet                                                    |                           |
| TABLOID                                                                       |                           |

| Product Description                                                                                                                                                                   | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>ANTINEOPLASTIC - ANTIMETABOLITE - PYRIMIDINE ANALOGS</b>                                                                                                                           |                           |
| capecitabine                                                                                                                                                                          | MS                        |
| cytarabine (pf)                                                                                                                                                                       |                           |
| ONUREG                                                                                                                                                                                | PA; QL; MS                |
| <b>ANTINEOPLASTIC - ANTIMETABOLITE - UREA DERIVATIVES</b>                                                                                                                             |                           |
| hydroxyurea                                                                                                                                                                           |                           |
| <b>ANTINEOPLASTIC - ANTIMETABOLITES - PYRIMIDINE ANALOG COMBINATIONS</b>                                                                                                              |                           |
| LONSURF                                                                                                                                                                               | PA; QL; MS                |
| <b>ANTINEOPLASTIC - AROMATASE INHIBITORS</b>                                                                                                                                          |                           |
| anastrozole                                                                                                                                                                           |                           |
| exemestane                                                                                                                                                                            |                           |
| letrozole                                                                                                                                                                             |                           |
| <b>ANTINEOPLASTIC - B-CELL LYMPHOMA-2 (BCL-2) INHIBITORS</b>                                                                                                                          |                           |
| VENCLEXTA                                                                                                                                                                             | PA; QL                    |
| VENCLEXTA STARTING PACK                                                                                                                                                               | PA; QL                    |
| <b>ANTINEOPLASTIC - BRAF KINASE INHIBITORS</b>                                                                                                                                        |                           |
| BRAFTOVI                                                                                                                                                                              | PA; QL; MS                |
| OJEMDA                                                                                                                                                                                | PA; QL; MS                |
| TAFINLAR                                                                                                                                                                              | PA; QL; MS                |
| ZELBORAF                                                                                                                                                                              | PA; QL; MS                |
| <b>ANTINEOPLASTIC - BRUTON'S TYROSINE KINASE (BTK) INHIBITOR</b>                                                                                                                      |                           |
| BRUKINSA                                                                                                                                                                              | PA; QL; MS                |
| CALQUENCE (ACALABRUTINIB MAL)                                                                                                                                                         | PA; QL                    |
| IMBRUVICA ORAL CAPSULE                                                                                                                                                                | PA; QL                    |
| IMBRUVICA ORAL SUSPENSION                                                                                                                                                             | PA; QL; MS                |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG                                                                                                                                          | PA; QL                    |
| <b>ANTINEOPLASTIC - CASEINOLYTIC PROTEASE P (CLPP) ACTIVATORS</b>                                                                                                                     |                           |
| MODEYSO                                                                                                                                                                               | PA; QL; MS                |
| <b>ANTINEOPLASTIC - CYCLIN-DEPENDENT KINASE (CDK) 4/6 INHIBITORS</b>                                                                                                                  |                           |
| IBRANCE                                                                                                                                                                               | PA; QL; MS                |
| KISQALI                                                                                                                                                                               | PA; QL; MS                |
| VERZENIO                                                                                                                                                                              | PA; QL; MS                |
| <b>ANTINEOPLASTIC - EPIDERMAL GROWTH FACTOR RECEPTOR-2 (HER2) INHIBITOR</b>                                                                                                           |                           |
| TUKYSA                                                                                                                                                                                | PA; QL; MS                |
| <b>ANTINEOPLASTIC - EPIPODOPHYLLOTOXINS</b>                                                                                                                                           |                           |
| etoposide oral                                                                                                                                                                        |                           |
| <b>ANTINEOPLASTIC - EXPORTIN-1 (XPO1) INHIBITORS</b>                                                                                                                                  |                           |
| XPOVIO 40 MG ONCE WEEKLY DOSE INNER                                                                                                                                                   | PA; QL                    |
| 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), 80MG TWICE WEEK (160 MG/WEEK) | PA; QL; MS                |
| <b>ANTINEOPLASTIC - EZH2 HISTONE METHYLTRANSFERASE (HMT) INHIBITOR</b>                                                                                                                |                           |
| TAZVERIK                                                                                                                                                                              | PA; QL; MS                |
| <b>ANTINEOPLASTIC - FIBROBLAST GROWTH FACTOR RECEPTOR (FGFR) KINASE INHIB</b>                                                                                                         |                           |
| BALVERSA                                                                                                                                                                              | PA; QL                    |
| <b>ANTINEOPLASTIC - FMS-LIKE TYROSINE KINASE 3 (FLT3) INHIBITORS</b>                                                                                                                  |                           |
| XOSPATA                                                                                                                                                                               | PA; QL; MS                |
| <b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR</b>                                                                                                                                    |                           |
| DAURISMO                                                                                                                                                                              | PA; QL; MS                |
| ERIVEDGE                                                                                                                                                                              | PA; QL; MS                |
| ODOMZO                                                                                                                                                                                | PA; QL; MS                |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| <b>ANTINEOPLASTIC - HISTONE DEACETYLASE (HDAC) INHIBITORS</b>                 |                           |
| ZOLINZA                                                                       | PA; QL; MS                |
| <b>ANTINEOPLASTIC - HYPOXIA INDUCIBLE FACTOR (HIF) INHIBITORS</b>             |                           |
| WELIREG                                                                       | PA; QL; MS                |
| <b>ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS</b>                         |                           |
| JAKAFI                                                                        | PA; QL; MS                |
| <b>ANTINEOPLASTIC - JANUS KINASE (JAK), ACVR1/ALK2 INHIBITORS</b>             |                           |
| OJJAARA                                                                       | PA; QL; MS                |
| <b>ANTINEOPLASTIC - JANUS KINASE(JAK),FMS-LIKE TYROSINE KINASE(FLT) INHIB</b> |                           |
| INREBIC                                                                       | PA; QL; MS                |
| <b>ANTINEOPLASTIC - MAST CELL STABILIZERS</b>                                 |                           |
| cromolyn oral                                                                 |                           |
| <b>ANTINEOPLASTIC - MEK KINASE INHIBITORS</b>                                 |                           |
| COTELLIC                                                                      | PA; QL; MS                |
| GOMEKLI                                                                       | PA; QL                    |
| KOSELUGO                                                                      | PA; QL; MS                |
| MEKINIST                                                                      | PA; QL; MS                |
| MEKTOVI                                                                       | PA; QL; MS                |
| <b>ANTINEOPLASTIC - MENIN INHIBITORS</b>                                      |                           |
| REVUFORJ                                                                      | PA; QL; MS                |
| <b>ANTINEOPLASTIC - MTOR KINASE INHIBITORS</b>                                |                           |
| everolimus (antineoplastic)                                                   | PA; QL; MS                |
| <b>ANTINEOPLASTIC - MULTIKINASE INHIBITORS</b>                                |                           |
| CABOMETYX                                                                     | PA; QL; MS                |
| COMETRIQ                                                                      | PA; QL; MS                |
| STIVARGA                                                                      | PA; QL; MS                |
| <b>ANTINEOPLASTIC - MUTANT ISOCITRATE DEHYDROGENASE 1 (MIDH1) INHIBITORS</b>  |                           |
| TIBSOVO                                                                       | PA; QL                    |
| <b>ANTINEOPLASTIC - MUTANT ISOCITRATE DEHYDROGENASE 2 (MIDH2) INHIBITORS</b>  |                           |
| IDHIFA                                                                        | PA; QL; MS                |
| <b>ANTINEOPLASTIC - ORNITHINE DECARBOXYLASE (ODC) INHIBITORS</b>              |                           |
| IWILFIN                                                                       | PA; QL                    |
| <b>ANTINEOPLASTIC - PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS</b>       |                           |
| COPIKTRA                                                                      | PA; QL                    |
| ZYDELIG                                                                       | PA; QL; MS                |
| <b>ANTINEOPLASTIC - PI3K-ALPHA INHIBITORS</b>                                 |                           |
| PIQRAY                                                                        | PA; QL; MS                |
| <b>ANTINEOPLASTIC - PI3K-DELTA AND GAMMA INHIBITORS</b>                       |                           |
| COPIKTRA                                                                      | PA; QL                    |
| <b>ANTINEOPLASTIC - PI3K-DELTA INHIBITORS</b>                                 |                           |
| ZYDELIG                                                                       | PA; QL; MS                |
| <b>ANTINEOPLASTIC - POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS</b>        |                           |
| LYNPARZA                                                                      | PA; QL; MS                |
| RUBRACA ORAL TABLET 250 MG, 300 MG                                            | PA; QL; MS                |
| TALZENNA                                                                      | PA; QL; MS                |
| ZEJULA ORAL TABLET                                                            | PA; QL; MS                |
| <b>ANTINEOPLASTIC - PROGESTINS</b>                                            |                           |
| megestrol oral tablet                                                         |                           |
| <b>ANTINEOPLASTIC - PROTEASOME ENZYME INHIBITORS</b>                          |                           |
| NINLARO                                                                       | PA; QL; MS                |

| Product Description                                                                                                                                                                   | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>ANTINEOPLASTIC - PROTEIN-TYROSINE KINASE INHIBITORS</b>                                                                                                                            |                           |
| AYVAKIT                                                                                                                                                                               | PA; QL                    |
| BOSULIF ORAL CAPSULE                                                                                                                                                                  | QL; MS                    |
| BRUKINSA                                                                                                                                                                              | PA; QL; MS                |
| CALQUENCE (ACALABRUTINIB MAL)                                                                                                                                                         | PA; QL                    |
| CAPRELSA                                                                                                                                                                              | PA; QL                    |
| dasatinib                                                                                                                                                                             | PA; QL; MS                |
| imatinib                                                                                                                                                                              | QL; MS                    |
| IMBRUVICA ORAL CAPSULE                                                                                                                                                                | PA; QL                    |
| IMBRUVICA ORAL SUSPENSION                                                                                                                                                             | PA; QL; MS                |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG                                                                                                                                          | PA; QL                    |
| IMKELDI                                                                                                                                                                               | PA; QL; MS; S             |
| INLYTA                                                                                                                                                                                | PA; QL; MS                |
| LENVIMA                                                                                                                                                                               | PA; QL; MS                |
| nilotinib hcl                                                                                                                                                                         | PA; QL; MS                |
| OFEV                                                                                                                                                                                  | PA; QL; MS                |
| pazopanib                                                                                                                                                                             | PA; QL; MS                |
| QINLOCK                                                                                                                                                                               | PA; QL; MS                |
| ROZLYTREK                                                                                                                                                                             | PA; QL; MS                |
| RYDAPT                                                                                                                                                                                | PA; QL; MS                |
| SPRYCEL                                                                                                                                                                               | PA; QL; MS                |
| TABRECTA                                                                                                                                                                              | PA; QL; MS                |
| TASIGNA                                                                                                                                                                               | PA; QL; MS                |
| <b>ANTINEOPLASTIC - RETINOIDS</b>                                                                                                                                                     |                           |
| tretinoin (antineoplastic)                                                                                                                                                            |                           |
| <b>ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>                                                                                                                |                           |
| SOLTAMOX                                                                                                                                                                              | PA; QL                    |
| tamoxifen                                                                                                                                                                             |                           |
| toremifene                                                                                                                                                                            |                           |
| <b>ANTINEOPLASTIC - SELECTIVE INHIBITORS OF NUCLEAR EXPORT (SINE)</b>                                                                                                                 |                           |
| XPOVIO 40 MG ONCE WEEKLY DOSE INNER                                                                                                                                                   | PA; QL                    |
| 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), 80MG TWICE WEEK (160 MG/WEEK) | PA; QL; MS                |
| <b>ANTINEOPLASTIC - SELECTIVE RET KINASE INHIBITOR</b>                                                                                                                                |                           |
| GAVRETO                                                                                                                                                                               | PA; QL                    |
| RETEVMO ORAL TABLET                                                                                                                                                                   | PA; QL; MS                |
| <b>ANTINEOPLASTIC - SELECTIVE RETINOID X RECEPTOR AGONISTS</b>                                                                                                                        |                           |
| bexarotene oral                                                                                                                                                                       | PA; QL; MS                |
| <b>ANTINEOPLASTIC - THALIDOMIDE ANALOGS</b>                                                                                                                                           |                           |
| POMALYST                                                                                                                                                                              | PA; QL; MS                |
| THALOMID ORAL CAPSULE 100 MG, 50 MG                                                                                                                                                   | QL; MS                    |
| <b>ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS</b>                                                                                                                                    |                           |
| HYCAMTIN ORAL                                                                                                                                                                         | QL; MS                    |
| <b>ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE (TRK) INHIBITOR</b>                                                                                                                   |                           |
| VITRAKVI                                                                                                                                                                              | PA; QL; MS                |
| <b>ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE-1 AND -2 (IDH1 AND IDH2) INHIB</b>                                                                                                         |                           |
| VORANIGO                                                                                                                                                                              | PA; QL; MS                |
| <b>ANTINEOPLASTIC-PYRIMIDINE ANALOG AND CYTIDINE DEAMINASE INHIBITOR COMB</b>                                                                                                         |                           |
| INQOVI                                                                                                                                                                                | PA; QL; MS                |

| Product Description                                                          | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------|---------------------------|
| <b>FLUOROURACIL AND RELATED RESCUE AGENTS</b>                                |                           |
| VISTOGARD                                                                    | QL                        |
| <b>METHOTREXATE RESCUE AGENTS</b>                                            |                           |
| leucovorin calcium oral                                                      | QL                        |
| <b>METHOTREXATE RESCUE AGENTS - FOLIC ACID ANTAGONIST TYPE</b>               |                           |
| leucovorin calcium oral                                                      | QL                        |
| <b>URINARY TRACT PROTECTIVE AGENTS USED IN CONJUNCTION WITH CHEMOTHERAPY</b> |                           |
| mesna oral                                                                   |                           |
| MESNEX ORAL                                                                  |                           |
| <b>ANTISEPTICS AND DISINFECTANTS</b>                                         |                           |
| <b>ANTISEPTIC - ALCOHOLS</b>                                                 |                           |
| ALCOHOL 70% PREP PADS                                                        |                           |
| ALCOHOL 70% WIPES                                                            |                           |
| ALCOHOL PADS                                                                 |                           |
| alcohol swabs topical pads, medicated                                        |                           |
| ALCOHOL WIPES                                                                |                           |
| CARETOUCH ALCOHOL PREP PAD                                                   |                           |
| CURITY ALCOHOL SWABS                                                         |                           |
| CVS ALCOHOL 70% PREP PADS                                                    |                           |
| DROPSAFE ALCOHOL PREP PADS                                                   |                           |
| EASY COMFORT ALCOHOL PAD                                                     |                           |
| EASY TOUCH ALCOHOL PREP PADS                                                 |                           |
| GNP ALCOHOL SWAB STERILE, TWO PLY                                            |                           |
| HM ALCOHOL 70% PREP PADS                                                     |                           |
| INCONTROL ALCOHOL PADS                                                       |                           |
| isopropyl alcohol topical spray,non-aerosol                                  |                           |
| PRO COMFORT ALCOHOL PADS                                                     |                           |
| PURE COMFORT ALCOHOL PADS                                                    |                           |
| RELION ALCOHOL 70% SWABS                                                     |                           |
| SAPS ALCOHOL 70% PREP PADS                                                   |                           |
| SURE COMFORT ALCOHOL PREP PADS                                               |                           |
| SURE-PREP ALCOHOL PREP PADS                                                  |                           |
| SWI ALCOHOL 70% PREP PADS                                                    |                           |
| TRUE COMFORT ALCOHOL PADS                                                    |                           |
| TRUE COMFORT PRO ALCOHOL PADS                                                |                           |
| ULTILET ALCOHOL SWAB                                                         |                           |
| WEBCOL                                                                       |                           |
| <b>BIOLOGICALS</b>                                                           |                           |
| <b>HEPATITIS A AND HEPATITIS B VACCINE COMBINATIONS</b>                      |                           |
| TWINRIX (PF)                                                                 |                           |
| <b>HEPATITIS A VACCINE - SINGLE AGENTS</b>                                   |                           |
| HAVRIX (PF)                                                                  |                           |
| VAQTA (PF)                                                                   |                           |
| <b>HEPATITIS B VACCINE COMBINATIONS</b>                                      |                           |
| PEDIARIX (PF)                                                                |                           |
| VAXELIS (PF)                                                                 |                           |
| <b>HEPATITIS B VACCINES - SINGLE AGENTS</b>                                  |                           |
| ENGRIX-B (PF)                                                                |                           |
| ENGRIX-B PEDIATRIC (PF)                                                      |                           |
| HEPLISAV-B (PF)                                                              |                           |

| Product Description                                            | Limits/Restrictions/Notes |
|----------------------------------------------------------------|---------------------------|
| RECOMBIVAX HB (PF)                                             |                           |
| <b>LIVE VACCINE AND LIVE VIRUS FORMULATIONS</b>                |                           |
| FLUMIST 2025-2026                                              | QL; Covered in full       |
| FLUMIST HOME 2025-2026                                         | QL; Covered in full       |
| JYNNEOS (PF)                                                   |                           |
| M-M-R II (PF)                                                  |                           |
| PRIORIX (PF)                                                   |                           |
| PROQUAD (PF)                                                   |                           |
| ROTARIX ORAL SUSPENSION                                        |                           |
| ROTATEQ VACCINE                                                |                           |
| VARIVAX (PF)                                                   |                           |
| <b>PEANUT DESENSITIZATION AGENTS</b>                           |                           |
| PALFORZIA (LEVEL 0)                                            | PA; QL                    |
| PALFORZIA (LEVEL 1)                                            | PA; QL                    |
| PALFORZIA (LEVEL 2)                                            | PA; QL                    |
| PALFORZIA (LEVEL 3)                                            | PA; QL                    |
| PALFORZIA (LEVEL 4)                                            | PA; QL                    |
| PALFORZIA (LEVEL 5)                                            | PA; QL                    |
| PALFORZIA (LEVEL 6)                                            | PA; QL                    |
| PALFORZIA (LEVEL 7)                                            | PA; QL                    |
| PALFORZIA (LEVEL 8)                                            | PA; QL                    |
| PALFORZIA (LEVEL 9)                                            | PA; QL                    |
| PALFORZIA (LEVEL 10)                                           | PA; QL                    |
| PALFORZIA (LEVEL 11 UP-DOSE)                                   | PA; QL                    |
| PALFORZIA INITIAL (1-3 YRS)                                    | PA; QL                    |
| PALFORZIA INITIAL (4-17 YRS)                                   | PA; QL                    |
| PALFORZIA LEVEL 11 MAINTENANCE                                 | PA; QL                    |
| <b>TOXOID VACCINE COMBINATIONS</b>                             |                           |
| ADACEL(TDAP ADOLESN/ADULT)(PF)                                 |                           |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE                            |                           |
| DAPTACEL (DTAP PEDIATRIC) (PF)                                 |                           |
| INFANRIX (DTAP) (PF)                                           |                           |
| KINRIX (PF)                                                    |                           |
| PEDIARIX (PF)                                                  |                           |
| PENTACEL (PF)                                                  |                           |
| QUADRACEL (PF)                                                 |                           |
| TENIVAC (PF)                                                   |                           |
| VAXELIS (PF)                                                   |                           |
| <b>VACCINE BACTERIAL - GRAM NEGATIVE BACILLI (NON-ENTERIC)</b> |                           |
| ACTHIB (PF)                                                    |                           |
| PEDVAX HIB (PF)                                                |                           |
| <b>VACCINE BACTERIAL - GRAM NEGATIVE COCCI</b>                 |                           |
| MENQUADFI (PF)                                                 |                           |
| MENVEO A-C-Y-W-135-DIP (PF)                                    |                           |
| PENBRAYA (PF)                                                  |                           |
| PENMENVY MEN A-B-C-W-Y (PF)                                    |                           |
| <b>VACCINE BACTERIAL - GRAM POSITIVE COCCI</b>                 |                           |
| PNEUMOVAX-23 INJECTION SYRINGE                                 |                           |
| PREVNAR 20 (PF)                                                |                           |
| VAXNEUVANCE (PF)                                               |                           |

| Product Description                                        | Limits/Restrictions/Notes |
|------------------------------------------------------------|---------------------------|
| <b>VACCINE BACTERIAL - MENINGOCOCCAL GROUP B VACCINES</b>  |                           |
| BEXSERO                                                    |                           |
| PENMENVY MEN A-B-C-W-Y (PF)                                |                           |
| TRUMENBA                                                   |                           |
| <b>VACCINE MIXED COMBINATIONS (BACTERIAL AND VIRAL)</b>    |                           |
| VAXELIS (PF)                                               |                           |
| <b>VACCINE VIRAL - COVID-19 (SARS-COV-2)</b>               |                           |
| COMIRNATY 2025-2026(5-11Y)(PF)                             |                           |
| COMIRNATY 2025-26 (12Y UP)(PF)                             |                           |
| MNEXSPIKE 2025-2026 (PF)                                   |                           |
| NUVAXOVID 2025-2026 (PF)                                   |                           |
| SPIKEVAX 2025-2026(12Y UP)(PF)                             |                           |
| SPIKEVAX 2025-26 (6M-11Y) (PF)                             |                           |
| <b>VACCINE VIRAL - HUMAN PAPILLOMAVIRUS (HPV) VACCINES</b> |                           |
| GARDASIL 9 (PF)                                            |                           |
| <b>VACCINE VIRAL - INFLUENZA A AND B</b>                   |                           |
| AFLURIA 2025-2026 (3YR UP)(PF)                             | QL                        |
| AFLURIA 2025-2026 (6MO UP)                                 | QL                        |
| FLUAD 2025-2026 (65 YR UP)(PF)                             | QL                        |
| FLUARIX 2025-2026 (PF)                                     | QL                        |
| FLUBLOK 2025-2026 (PF)                                     | QL                        |
| FLUCELVAX 2025-2026                                        | QL                        |
| FLUCELVAX 2025-2026 (PF)                                   | QL                        |
| FLULAVAL 2025-2026 (PF)                                    | QL                        |
| FLUMIST 2025-2026                                          | QL; Covered in full       |
| FLUMIST HOME 2025-2026                                     | QL; Covered in full       |
| FLUZONE 2025-2026                                          | QL                        |
| FLUZONE 2025-2026 (PF)                                     | QL                        |
| FLUZONE HIGH-DOSE 2025-26 (PF)                             | QL                        |
| <b>VACCINE VIRAL - MEASLES</b>                             |                           |
| M-M-R II (PF)                                              |                           |
| PRIORIX (PF)                                               |                           |
| PROQUAD (PF)                                               |                           |
| <b>VACCINE VIRAL - MPOX</b>                                |                           |
| JYNNEOS (PF)                                               |                           |
| <b>VACCINE VIRAL - MUMPS AND RELATED</b>                   |                           |
| M-M-R II (PF)                                              |                           |
| PRIORIX (PF)                                               |                           |
| PROQUAD (PF)                                               |                           |
| <b>VACCINE VIRAL - POLIOMYELITIS</b>                       |                           |
| IPOL                                                       |                           |
| <b>VACCINE VIRAL - RESPIRATORY SYNCYTIAL VIRUS (RSV)</b>   |                           |
| ABRYSV0 (PF)                                               | QL                        |
| <b>VACCINE VIRAL - ROTAVIRUS</b>                           |                           |
| ROTARIX ORAL SUSPENSION                                    |                           |
| ROTATEQ VACCINE                                            |                           |
| <b>VACCINE VIRAL - RUBELLA</b>                             |                           |
| M-M-R II (PF)                                              |                           |
| PRIORIX (PF)                                               |                           |
| PROQUAD (PF)                                               |                           |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| <b>VACCINE VIRAL - SMALLPOX</b>                                               |                           |
| JYNNEOS (PF)                                                                  |                           |
| <b>VACCINE VIRAL - VARICELLA</b>                                              |                           |
| PROQUAD (PF)                                                                  |                           |
| SHINGRIX (PF)                                                                 |                           |
| VARIVAX (PF)                                                                  |                           |
| <b>VACCINE VIRAL COMBINATIONS</b>                                             |                           |
| M-M-R II (PF)                                                                 |                           |
| PRIORIX (PF)                                                                  |                           |
| PROQUAD (PF)                                                                  |                           |
| <b>CARDIOVASCULAR THERAPY AGENTS</b>                                          |                           |
| <b>ACE INHIBITOR AND CALCIUM CHANNEL BLOCKER COMBINATIONS</b>                 |                           |
| amlodipine-benazepril                                                         |                           |
| trandolapril-verapamil                                                        | QL                        |
| <b>ACE INHIBITOR AND DIURETIC COMBINATIONS</b>                                |                           |
| benazepril-hydrochlorothiazide                                                |                           |
| captopril-hydrochlorothiazide                                                 |                           |
| enalapril-hydrochlorothiazide                                                 |                           |
| fosinopril-hydrochlorothiazide                                                |                           |
| lisinopril-hydrochlorothiazide                                                |                           |
| quinapril-hydrochlorothiazide                                                 |                           |
| <b>ACE INHIBITORS</b>                                                         |                           |
| benazepril                                                                    |                           |
| captopril                                                                     |                           |
| enalapril maleate oral solution                                               | PA; QL                    |
| enalapril maleate oral tablet                                                 |                           |
| fosinopril                                                                    |                           |
| lisinopril                                                                    |                           |
| moexipril                                                                     |                           |
| perindopril erbumine                                                          |                           |
| quinapril                                                                     |                           |
| ramipril                                                                      |                           |
| trandolapril                                                                  |                           |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>                                       |                           |
| eplerenone                                                                    |                           |
| spironolactone oral tablet                                                    |                           |
| <b>ALPHA-BETA BLOCKERS</b>                                                    |                           |
| carvedilol                                                                    |                           |
| carvedilol phosphate                                                          | QL                        |
| labetalol oral tablet 100 mg, 200 mg, 300 mg                                  |                           |
| <b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER COMB.</b>    |                           |
| amlodipine-olmesartan                                                         | QL                        |
| amlodipine-valsartan                                                          | QL                        |
| telmisartan-amlodipine                                                        | QL                        |
| <b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER-DIURETIC</b> |                           |
| amlodipine-valsartan-hcthiazid                                                | QL                        |
| olmesartan-amlodipin-hcthiazid                                                | QL                        |
| <b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-DIURETIC COMBINATIONS</b>            |                           |
| candesartan-hydrochlorothiazid                                                |                           |
| irbesartan-hydrochlorothiazide                                                |                           |

| Product Description                                                      | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------|---------------------------|
| losartan-hydrochlorothiazide                                             |                           |
| olmesartan-hydrochlorothiazide                                           |                           |
| telmisartan-hydrochlorothiazid                                           |                           |
| valsartan-hydrochlorothiazide                                            |                           |
| <b>ANGIOTENSIN II RECEPTOR BLOCKER-NEPRILYSIN INHIBITOR COMB. (ARNI)</b> |                           |
| ENTRESTO                                                                 | QL                        |
| ENTRESTO SPRINKLE                                                        | QL                        |
| sacubitril-valsartan                                                     | QL                        |
| <b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBS)</b>                           |                           |
| candesartan                                                              |                           |
| eprosartan                                                               |                           |
| irbesartan                                                               |                           |
| losartan                                                                 |                           |
| olmesartan                                                               |                           |
| telmisartan                                                              |                           |
| valsartan oral tablet                                                    |                           |
| <b>ANTIANGINAL - CORONARY VASODILATORS (NITRATES)</b>                    |                           |
| isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg               |                           |
| isosorbide mononitrate                                                   |                           |
| NITRO-BID                                                                |                           |
| nitroglycerin sublingual                                                 |                           |
| nitroglycerin transdermal patch 24 hour                                  |                           |
| nitroglycerin translingual                                               | QL                        |
| NITROMIST                                                                | QL                        |
| NITROSTAT                                                                |                           |
| NITRO-TIME                                                               |                           |
| <b>ANTIANGINAL AND ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC</b>             |                           |
| ranolazine                                                               | QL                        |
| <b>ANTIARRHYTHMIC - CLASS IA</b>                                         |                           |
| disopyramide phosphate oral capsule                                      |                           |
| quinidine gluconate oral                                                 |                           |
| quinidine sulfate oral tablet                                            |                           |
| <b>ANTIARRHYTHMIC - CLASS IB</b>                                         |                           |
| lidocaine (pf) intravenous solution                                      |                           |
| mexiletine                                                               |                           |
| <b>ANTIARRHYTHMIC - CLASS IC</b>                                         |                           |
| flecainide                                                               |                           |
| propafenone                                                              |                           |
| <b>ANTIARRHYTHMIC - CLASS II</b>                                         |                           |
| SOTALOL AF                                                               |                           |
| sotalol oral                                                             |                           |
| SOTYLIZE                                                                 | PA                        |
| <b>ANTIARRHYTHMIC - CLASS III</b>                                        |                           |
| amiodarone oral                                                          |                           |
| dofetilide                                                               |                           |
| MULTAQ                                                                   | QL                        |
| PACERONE ORAL TABLET 100 MG, 200 MG                                      |                           |
| <b>ANTIARRHYTHMIC - CLASS IV</b>                                         |                           |
| verapamil oral tablet                                                    |                           |

| Product Description                                                         | Limits/Restrictions/Notes |
|-----------------------------------------------------------------------------|---------------------------|
| <b>ANTIHYPERTENSIVE - ACE INHIBITORS</b>                                    |                           |
| NEXLETOL                                                                    | ST; QL                    |
| <b>ANTIHYPERTENSIVE - BILE ACID SEQUESTRANTS</b>                            |                           |
| cholestyramine (with sugar)                                                 |                           |
| CHOLESTYRAMINE LIGHT                                                        |                           |
| colesevelam                                                                 |                           |
| colestipol                                                                  |                           |
| PREVALITE                                                                   |                           |
| <b>ANTIHYPERTENSIVE - FIBRIC ACID DERIVATIVES</b>                           |                           |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg            |                           |
| fenofibrate nanocrystallized                                                | QL                        |
| fenofibrate oral tablet 160 mg                                              | QL                        |
| fenofibrate oral tablet 54 mg                                               |                           |
| fenofibric acid (choline)                                                   | QL                        |
| gemfibrozil                                                                 |                           |
| <b>ANTIHYPERTENSIVE - HMG COA REDUCTASE INHIBITORS (STATINS)</b>            |                           |
| atorvastatin                                                                |                           |
| fluvastatin oral tablet extended release 24 hr                              | QL                        |
| lovastatin oral tablet 10 mg, 20 mg                                         |                           |
| lovastatin oral tablet 40 mg                                                | QL                        |
| pravastatin                                                                 |                           |
| rosuvastatin                                                                | QL                        |
| simvastatin                                                                 | QL                        |
| <b>ANTIHYPERTENSIVE - NICOTINIC ACID DERIVATIVES</b>                        |                           |
| niacin oral tablet extended release 24 hr                                   | QL                        |
| NIACOR                                                                      |                           |
| <b>ANTIHYPERTENSIVE - OMEGA-3 FATTY ACID TYPE</b>                           |                           |
| omega-3 acid ethyl esters                                                   | QL                        |
| <b>ANTIHYPERTENSIVE - PCSK9 INHIBITOR, MONOCLONAL ANTIBODY (MAB)</b>        |                           |
| REPATHA PUSHTRONEX                                                          | QL                        |
| REPATHA SURECLICK                                                           | QL                        |
| REPATHA SYRINGE                                                             | QL                        |
| <b>ANTIHYPERTENSIVE - PCSK9 INHIBITORS</b>                                  |                           |
| REPATHA PUSHTRONEX                                                          | QL                        |
| REPATHA SURECLICK                                                           | QL                        |
| REPATHA SYRINGE                                                             | QL                        |
| <b>ANTIHYPERTENSIVE - SELECTIVE CHOLESTEROL ABSORPTION INHIBITOR</b>        |                           |
| ezetimibe                                                                   |                           |
| <b>ANTIHYPERTENSIVE- ATP-CITRATE LYASE AND CHOLESTEROL ABSORPTION INHIB</b> |                           |
| NEXLIZET                                                                    | ST; QL                    |
| <b>ANTIHYPERTENSIVE-HMG COA REDUCT INHIB AND CHOLESTEROL ABSORP INHIBIT</b> |                           |
| ezetimibe-simvastatin                                                       |                           |
| <b>ANTIHYPERTENSIVE-MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP)INHIB</b> |                           |
| JUXTAPID                                                                    | PA; QL; MS                |
| <b>BETA BLOCKERS CARDIAC SELECTIVE</b>                                      |                           |
| atenolol                                                                    |                           |
| betaxolol oral                                                              |                           |
| bisoprolol fumarate oral tablet 10 mg, 5 mg                                 |                           |
| metoprolol succinate                                                        |                           |
| metoprolol tartrate oral                                                    |                           |

| Product Description                                                             | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------|---------------------------|
| nebivolol                                                                       | QL                        |
| <b>BETA BLOCKERS CARDIAC SELECTIVE, INTRINSIC SYMPATHOMIMETIC ACTIVITY</b>      |                           |
| acebutolol                                                                      |                           |
| <b>BETA BLOCKERS NON-CARDIAC SELECT., INTRINSIC SYMPATHOMIMETIC ACTIVITY</b>    |                           |
| pindolol                                                                        |                           |
| <b>BETA BLOCKERS NON-CARDIAC SELECTIVE</b>                                      |                           |
| nadolol                                                                         |                           |
| propranolol oral                                                                |                           |
| SOTALOL AF                                                                      |                           |
| sotalol oral                                                                    |                           |
| SOTYLIZE                                                                        | PA                        |
| timolol maleate oral                                                            |                           |
| <b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>                                       |                           |
| icatibant                                                                       | PA; QL                    |
| SAJAZIR                                                                         | PA; QL; MS                |
| <b>CALCIUM CHANNEL BLOCKERS - BENZOTHAZEPINES</b>                               |                           |
| CARTIA XT                                                                       |                           |
| diltiazem hcl oral capsule,ext.rel 24h degradable                               |                           |
| diltiazem hcl oral capsule,extended release 12 hr                               |                           |
| diltiazem hcl oral capsule,extended release 24 hr                               |                           |
| diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg |                           |
| diltiazem hcl oral tablet                                                       |                           |
| diltiazem hcl oral tablet extended release 24 hr                                |                           |
| DILT-XR                                                                         |                           |
| TIADYLT ER                                                                      |                           |
| <b>CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES</b>                              |                           |
| amlodipine                                                                      |                           |
| felodipine                                                                      |                           |
| isradipine                                                                      |                           |
| nifedipine                                                                      |                           |
| <b>CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES - CEREBROVASCULAR SPECIFIC</b>   |                           |
| nimodipine oral capsule                                                         |                           |
| nimodipine oral solution                                                        | QL                        |
| <b>CALCIUM CHANNEL BLOCKERS - PHENYLALKYLAMINES</b>                             |                           |
| verapamil oral                                                                  |                           |
| <b>CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB.</b>       |                           |
| atenolol-chlorthalidone                                                         |                           |
| bisoprolol-hydrochlorothiazide                                                  |                           |
| metoprolol ta-hydrochlorothiaz                                                  |                           |
| <b>CARDIOVASCULAR SYMPATHOMIMETIC - ANAPHYLAXIS THERAPY SINGLE AGENTS</b>       |                           |
| AUVI-Q                                                                          | QL                        |
| epinephrine 0.3 mg auto-inject suv                                              | QL                        |
| epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml              | QL                        |
| epinephrine injection auto-injector 0.15 mg/0.3 ml                              | QL                        |
| epinephrine injection solution                                                  |                           |
| NEFFY                                                                           | QL                        |
| <b>CARDIOVASCULAR SYMPATHOMIMETICS</b>                                          |                           |
| droxidopa oral capsule 100 mg                                                   | PA; QL; MS                |
| droxidopa oral capsule 200 mg, 300 mg                                           | PA; MS                    |
| epinephrine injection solution                                                  |                           |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| midodrine                                                                     |                           |
| <b>CENTRAL ALPHA-2 AGONISTS-THIAZIDE DIURETIC AND RELATED COMB.</b>           |                           |
| methyldopa-hydrochlorothiazide                                                |                           |
| <b>CENTRAL ALPHA-2 RECEPTOR AGONISTS</b>                                      |                           |
| clonidine                                                                     | QL                        |
| clonidine hcl oral tablet                                                     |                           |
| guanfacine oral tablet                                                        |                           |
| methyldopa                                                                    |                           |
| <b>DIGITALIS GLYCOSIDES</b>                                                   |                           |
| digoxin oral solution                                                         |                           |
| digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)                     |                           |
| digoxin oral tablet 62.5 mcg (0.0625 mg)                                      | QL                        |
| <b>DIRECT ACTING VASODILATORS</b>                                             |                           |
| hydralazine oral                                                              |                           |
| minoxidil oral                                                                |                           |
| <b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, NON-SELECTIVE</b>              |                           |
| spironolactone oral tablet                                                    |                           |
| <b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, SELECTIVE</b>                  |                           |
| eplerenone                                                                    |                           |
| <b>DIURETIC - CARBONIC ANHYDRASE INHIBITORS</b>                               |                           |
| acetazolamide                                                                 |                           |
| methazolamide                                                                 |                           |
| <b>DIURETIC - LOOP</b>                                                        |                           |
| bumetanide oral                                                               |                           |
| ethacrynic acid                                                               |                           |
| furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)                       |                           |
| furosemide oral tablet                                                        |                           |
| toremide oral                                                                 |                           |
| <b>DIURETIC - POTASSIUM SPARING</b>                                           |                           |
| amiloride                                                                     |                           |
| <b>DIURETIC - POTASSIUM SPARING-THIAZIDE AND RELATED COMBINATIONS</b>         |                           |
| amiloride-hydrochlorothiazide                                                 |                           |
| spironolacton-hydrochlorothiaz                                                |                           |
| triamterene-hydrochlorothiazid                                                |                           |
| <b>DIURETIC - SELECTIVE ARGININE VASOPRESSIN V2 RECEPTOR ANTAGONISTS</b>      |                           |
| tolvaptan oral tablet 30 mg                                                   | QL; MS                    |
| <b>DIURETIC - THIAZIDES AND RELATED</b>                                       |                           |
| chlorthalidone oral tablet 25 mg, 50 mg                                       |                           |
| DIURIL                                                                        |                           |
| hydrochlorothiazide                                                           |                           |
| indapamide                                                                    |                           |
| metolazone                                                                    |                           |
| <b>FACTOR XII INHIBITORS</b>                                                  |                           |
| ANDEMBRY AUTOINJECTOR                                                         | PA; QL; MS                |
| <b>HYPERPOLARIZATION-ACTIVATED CYCLIC NUCLEOTIDE-GATED CHANNEL INHIBITORS</b> |                           |
| CORLANOR ORAL SOLUTION                                                        | QL                        |
| ivabradine                                                                    | QL                        |
| <b>NON-CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB.</b> |                           |
| propranolol-hydrochlorothiazid                                                |                           |

| Product Description                                                                                              | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>PAH AGENTS - SELECTIVE PROSTACYCLIN RECEPTOR (IP) AGONISTS</b>                                                |                           |
| UPTRAVI ORAL                                                                                                     | PA; QL; MS                |
| <b>PAH-ENDOTHELIN RECEPTOR ANTAGONIST-SELECTIVE CGMP PDES INHIBITOR COMB</b>                                     |                           |
| OPSYNVI                                                                                                          | PA; QL; MS                |
| <b>PERIPHERAL ALPHA-1 RECEPTOR BLOCKERS</b>                                                                      |                           |
| doxazosin                                                                                                        |                           |
| phenoxybenzamine                                                                                                 |                           |
| prazosin                                                                                                         |                           |
| terazosin                                                                                                        |                           |
| <b>PLASMA KALLIKREIN INHIBITOR AGENTS, RECOMBINANT MONOCLONAL ANTIBODY</b>                                       |                           |
| TAKHZYRO                                                                                                         | PA; QL; MS                |
| <b>PLASMA KALLIKREIN INHIBITOR AGENTS, SMALL MOLECULE</b>                                                        |                           |
| EKTERLY                                                                                                          | PA; QL; MS                |
| ORLADEYO                                                                                                         | PA; QL                    |
| <b>PULMONARY ANTIHYPERTENSIVE AGENTS - PROSTACYCLIN-TYPE</b>                                                     |                           |
| ORENITRAM                                                                                                        | PA; MS                    |
| ORENITRAM MONTH 1 TITRATION KT                                                                                   | PA; MS                    |
| ORENITRAM MONTH 2 TITRATION KT                                                                                   | PA; MS                    |
| ORENITRAM MONTH 3 TITRATION KT                                                                                   | PA; MS                    |
| TYVASO                                                                                                           | PA; QL; MS                |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG | PA; QL; MS                |
| TYVASO INSTITUTIONAL START KIT                                                                                   | PA; QL; MS                |
| TYVASO REFILL KIT                                                                                                | PA; QL; MS                |
| TYVASO STARTER KIT                                                                                               | PA; QL; MS                |
| <b>PULMONARY ANTIHYPERTENSIVE AGENTS-SOLUBLE GUANYLATE CYCLASE STIMULATOR</b>                                    |                           |
| ADEMPAS                                                                                                          | PA; QL; MS                |
| <b>PULMONARY ARTERIAL HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>                                         |                           |
| ambrisentan                                                                                                      | PA; QL; MS                |
| bosentan                                                                                                         | PA; QL; MS                |
| <b>PULMONARY ARTERIAL HYPERTENSION - SELECTIVE CGMP-PDES INHIBITORS</b>                                          |                           |
| ALYQ                                                                                                             | PA; QL                    |
| sildenafil (pulm.hypertension) oral                                                                              | PA; QL; MS                |
| tadalafil (pulm. hypertension)                                                                                   | PA; QL; MS                |
| <b>RENIN INHIBITOR, DIRECT</b>                                                                                   |                           |
| aliskiren                                                                                                        | QL                        |
| <b>CENTRAL NERVOUS SYSTEM AGENTS</b>                                                                             |                           |
| <b>ANTIANKXIETY AGENT - ANTIHISTAMINE TYPE</b>                                                                   |                           |
| hydroxyzine hcl oral solution 10 mg/5 ml                                                                         |                           |
| hydroxyzine hcl oral tablet                                                                                      |                           |
| hydroxyzine pamoate                                                                                              |                           |
| <b>ANTIANKXIETY AGENT - BENZODIAZEPINES</b>                                                                      |                           |
| ALPRAZOLAM INTENSOL                                                                                              |                           |
| alprazolam oral tablet                                                                                           |                           |
| alprazolam oral tablet extended release 24 hr                                                                    |                           |
| chlordiazepoxide hcl                                                                                             |                           |
| clonazepam                                                                                                       |                           |
| clorazepate dipotassium                                                                                          |                           |
| DIAZEPAM INTENSOL                                                                                                |                           |
| diazepam oral                                                                                                    |                           |

| Product Description                                                          | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------|---------------------------|
| LORAZEPAM INTENSOL                                                           |                           |
| lorazepam oral                                                               |                           |
| LOREEV XR                                                                    | PA; QL                    |
| oxazepam                                                                     |                           |
| <b>ANTI-ANXIETY AGENT - DICARBAMATE TYPE</b>                                 |                           |
| meprobamate                                                                  |                           |
| <b>ANTI-ANXIETY AGENT - NON-BENZODIAZEPINE</b>                               |                           |
| buspirone                                                                    |                           |
| <b>ANTICONVULSANT - BARBITURATES AND DERIVATIVES</b>                         |                           |
| phenobarbital                                                                |                           |
| primidone oral tablet 125 mg                                                 |                           |
| primidone oral tablet 250 mg, 50 mg                                          |                           |
| <b>ANTICONVULSANT - BENZODIAZEPINES</b>                                      |                           |
| clobazam oral suspension                                                     |                           |
| clobazam oral tablet                                                         | QL                        |
| clonazepam                                                                   |                           |
| diazepam rectal                                                              | QL                        |
| NAYZILAM                                                                     | QL                        |
| VALTOCO                                                                      | QL                        |
| <b>ANTICONVULSANT - CANNABINOID TYPE</b>                                     |                           |
| EPIDIOLEX                                                                    | PA; QL; MS                |
| <b>ANTICONVULSANT - CARBAMATES</b>                                           |                           |
| felbamate                                                                    |                           |
| <b>ANTICONVULSANT - CARBOXYLIC ACID DERIVATIVES</b>                          |                           |
| DEPAKOTE                                                                     |                           |
| DEPAKOTE ER                                                                  |                           |
| DEPAKOTE SPRINKLES                                                           |                           |
| divalproex                                                                   |                           |
| valproic acid                                                                |                           |
| valproic acid (as sodium salt)                                               |                           |
| <b>ANTICONVULSANT - FUNCTIONALIZED AMINO ACID</b>                            |                           |
| lacosamide oral                                                              | QL                        |
| MOTPOLY XR                                                                   | PA; QL                    |
| <b>ANTICONVULSANT - GABA ANALOGS</b>                                         |                           |
| gabapentin oral capsule                                                      |                           |
| gabapentin oral solution                                                     |                           |
| gabapentin oral tablet 600 mg, 800 mg                                        |                           |
| pregabalin oral capsule                                                      |                           |
| pregabalin oral solution                                                     | QL                        |
| <b>ANTICONVULSANT - GABA RE-UPTAKE INHIBITOR, NIPECOTIC ACID DERIVATIVES</b> |                           |
| tiagabine                                                                    |                           |
| <b>ANTICONVULSANT - GABA TRANSAMINASE (GABA-T) INHIBITOR</b>                 |                           |
| vigabatrin                                                                   | PA; QL; MS                |
| VIGADRONE                                                                    | PA; QL                    |
| VIGAFYDE                                                                     | PA; QL                    |
| <b>ANTICONVULSANT - HYDANTOINS</b>                                           |                           |
| DILANTIN                                                                     |                           |
| DILANTIN EXTENDED                                                            |                           |
| DILANTIN INFATABS                                                            |                           |
| DILANTIN-125                                                                 |                           |

| Product Description                                                                | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------------|---------------------------|
| PHENYTEK                                                                           |                           |
| phenytoin oral suspension 125 mg/5 ml                                              |                           |
| phenytoin oral tablet,chewable                                                     |                           |
| phenytoin sodium extended                                                          |                           |
| <b>ANTICONVULSANT - IMINOSTILBENE DERIVATIVES</b>                                  |                           |
| carbamazepine oral capsule, er multiphase 12 hr                                    |                           |
| carbamazepine oral suspension                                                      |                           |
| carbamazepine oral tablet                                                          |                           |
| carbamazepine oral tablet extended release 12 hr                                   |                           |
| carbamazepine oral tablet,chewable 100 mg                                          |                           |
| CARBATROL                                                                          |                           |
| eslicarbazepine                                                                    | QL                        |
| oxcarbazepine oral suspension                                                      |                           |
| oxcarbazepine oral tablet                                                          |                           |
| TEGRETOL ORAL SUSPENSION                                                           |                           |
| TEGRETOL ORAL TABLET                                                               |                           |
| TEGRETOL XR                                                                        |                           |
| TRILEPTAL                                                                          |                           |
| <b>ANTICONVULSANT - MONOSACCHARIDE DERIVATIVES</b>                                 |                           |
| EPRONTIA                                                                           | QL                        |
| TOPAMAX                                                                            |                           |
| topiramate oral capsule, sprinkle 15 mg, 25 mg                                     |                           |
| topiramate oral capsule,extended release 24hr                                      | QL                        |
| topiramate oral capsule,sprinkle,er 24hr                                           | QL                        |
| topiramate oral tablet                                                             |                           |
| <b>ANTICONVULSANT - NEUROACTIVE STEROID GABA-A RECEPTOR MODULATOR</b>              |                           |
| ZTALMY                                                                             | PA; QL                    |
| <b>ANTICONVULSANT - PHENYLTRIAZINE DERIVATIVES</b>                                 |                           |
| LAMICTAL ODT                                                                       | QL                        |
| LAMICTAL ODT STARTER (BLUE)                                                        |                           |
| LAMICTAL ODT STARTER (GREEN)                                                       |                           |
| LAMICTAL ODT STARTER (ORANGE)                                                      |                           |
| LAMICTAL ORAL TABLET                                                               |                           |
| lamotrigine oral tablet                                                            |                           |
| lamotrigine oral tablet disintegrating, dose pk                                    |                           |
| lamotrigine oral tablet extended release 24hr                                      |                           |
| lamotrigine oral tablet, chewable dispersible                                      |                           |
| lamotrigine oral tablet,disintegrating                                             | QL                        |
| lamotrigine oral tablets,dose pack 25 mg (35)                                      |                           |
| lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) | QL                        |
| SUBVENITE ORAL TABLET                                                              |                           |
| SUBVENITE STARTER (BLUE) KIT                                                       |                           |
| SUBVENITE STARTER (GREEN) KIT                                                      | QL                        |
| SUBVENITE STARTER (ORANGE) KIT                                                     | QL                        |
| <b>ANTICONVULSANT - PYRROLIDINE DERIVATIVES</b>                                    |                           |
| KEPPRA ORAL                                                                        |                           |
| KEPPRA XR                                                                          | QL                        |
| levetiracetam oral solution                                                        |                           |
| levetiracetam oral tablet                                                          |                           |
| levetiracetam oral tablet extended release 24 hr                                   | QL                        |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| ROWEEPRA ORAL TABLET 500 MG                                                   |                           |
| <b>ANTICONVULSANT - SUCCINIMIDES</b>                                          |                           |
| ethosuximide                                                                  |                           |
| methsuximide                                                                  |                           |
| <b>ANTICONVULSANT - SULFONAMIDE DERIVATIVES</b>                               |                           |
| zonisamide                                                                    |                           |
| <b>ANTICONVULSANT - TRIAZOLE DERIVATIVES</b>                                  |                           |
| rufinamide                                                                    |                           |
| <b>ANTICONVULSANT OTHERS</b>                                                  |                           |
| FINTEPLA                                                                      | PA; QL                    |
| <b>ANTIDEPRESSANT - ALPHA-2 RECEPTOR ANTAGONISTS (NASSA)</b>                  |                           |
| mirtazapine                                                                   |                           |
| <b>ANTIDEPRESSANT - MAO INHIBITOR NONSELECTIVE AND IRREVERSIBLE-TYPES A,B</b> |                           |
| phenelzine                                                                    |                           |
| tranylcypromine                                                               |                           |
| <b>ANTIDEPRESSANT - NEUROACTIVE STEROID GABA-A RECEPTOR MODULATOR</b>         |                           |
| ZURZUVAE                                                                      | PA; QL                    |
| <b>ANTIDEPRESSANT - SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>       |                           |
| citalopram oral solution                                                      |                           |
| citalopram oral tablet                                                        | QL                        |
| escitalopram oxalate oral solution                                            |                           |
| escitalopram oxalate oral tablet                                              |                           |
| fluoxetine oral capsule                                                       |                           |
| fluoxetine oral capsule,delayed release(dr/ec)                                | QL                        |
| fluoxetine oral solution                                                      |                           |
| fluvoxamine oral capsule,extended release 24hr                                | QL                        |
| fluvoxamine oral tablet                                                       |                           |
| paroxetine hcl oral suspension                                                |                           |
| paroxetine hcl oral tablet                                                    |                           |
| paroxetine hcl oral tablet extended release 24 hr                             | QL                        |
| sertraline oral concentrate                                                   |                           |
| sertraline oral tablet                                                        |                           |
| <b>ANTIDEPRESSANT - SEROTONIN-2 ANTAGONIST-REUPTAKE INHIBITORS (SARIS)</b>    |                           |
| nefazodone oral tablet 100 mg, 50 mg                                          | QL                        |
| nefazodone oral tablet 150 mg, 200 mg, 250 mg                                 |                           |
| trazodone                                                                     |                           |
| <b>ANTIDEPRESSANT - SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>  |                           |
| desvenlafaxine succinate                                                      | QL                        |
| duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg            | QL                        |
| SAVELLA                                                                       | ST; QL                    |
| venlafaxine oral capsule,extended release 24hr                                | QL                        |
| venlafaxine oral tablet                                                       |                           |
| <b>ANTIDEPRESSANT - TRICYCLIC AND ANTIPSYCHOTIC, PHENOTHIAZINE COMB</b>       |                           |
| perphenazine-amitriptyline                                                    |                           |
| <b>ANTIDEPRESSANT - TRICYCLIC-BENZODIAZEPINE COMBINATIONS</b>                 |                           |
| amitriptyline-chlordiazepoxide                                                |                           |
| <b>ANTIDEPRESSANT- SSRI AND ATYPICAL ANTIPSYCH,DOPAMINE,SEROTONIN ANTAGON</b> |                           |
| olanzapine-fluoxetine                                                         |                           |
| <b>ANTIDEPRESSANT-NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS)</b> |                           |
| bupropion hcl oral tablet                                                     |                           |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg               | QL                        |
| bupropion hcl oral tablet extended release 24 hr 450 mg                       | QL                        |
| bupropion hcl oral tablet sustained-release 12 hr                             | QL                        |
| <b>ANTIDEPRESSANT-TRICYCLICS AND RELATED (NON-SELECT REUPTAKE INHIBITORS)</b> |                           |
| amitriptyline                                                                 |                           |
| amoxapine                                                                     |                           |
| clomipramine                                                                  | PA                        |
| desipramine                                                                   |                           |
| doxepin oral capsule                                                          |                           |
| doxepin oral concentrate                                                      |                           |
| imipramine hcl                                                                |                           |
| nortriptyline                                                                 |                           |
| protriptyline                                                                 |                           |
| trimipramine                                                                  |                           |
| <b>ANTIPARKINSON - DOPAMINERG-PERIPHERAL DOPA-DECARBOXYLASE INHIBIT COMB</b>  |                           |
| carbidopa-levodopa oral tablet,disintegrating 25-100 mg                       |                           |
| <b>ANTIPARKINSON ADJUVANT - CENTRAL/PERIPHERAL COMT INHIBITORS</b>            |                           |
| tolcapone                                                                     |                           |
| <b>ANTIPARKINSON THERAPY - ANTICHOLINERGIC AGENTS</b>                         |                           |
| benztropine oral                                                              |                           |
| <b>ANTIPARKINSON THERAPY - ERGOT ALKALOIDS AND DERIVATIVES</b>                |                           |
| bromocriptine                                                                 |                           |
| <b>ANTIPARKINSON THERAPY - NON-ERGOT DOPAMINE AGONIST AGENTS</b>              |                           |
| amantadine hcl                                                                |                           |
| GOCOVRI                                                                       | PA; QL                    |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG                         | PA; QL                    |
| <b>ANTIPSYCHOTIC - ATYP DOPAMINE-SEROTONIN ANTAG DIBENZO-OXEPINO PYRROLES</b> |                           |
| asenapine maleate                                                             | QL                        |
| <b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG- BENZISOTHIAZOLONES</b>  |                           |
| lurasidone                                                                    | QL                        |
| ziprasidone hcl                                                               |                           |
| <b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG- BENZISOXAZOLE DERIV</b> |                           |
| ERZOFRI                                                                       |                           |
| FANAPT TITRATION PACK A                                                       | ST                        |
| FANAPT TITRATION PACK B                                                       | ST; QL                    |
| FANAPT TITRATION PACK C                                                       | ST; QL                    |
| INVEGA HAFYERA                                                                |                           |
| INVEGA SUSTENNA                                                               |                           |
| INVEGA TRINZA                                                                 |                           |
| paliperidone                                                                  | QL                        |
| PERSERIS ER 120 MG SYRINGE KIT                                                |                           |
| PERSERIS ER 90 MG POWDER SYRNG INNER, SUV                                     |                           |
| PERSERIS ER 90 MG SYRINGE KIT OUTER, SUV                                      |                           |
| risperidone microspheres                                                      |                           |
| risperidone oral solution                                                     |                           |
| risperidone oral tablet                                                       |                           |
| RYKINDO                                                                       | QL                        |
| UZEDY                                                                         | QL                        |
| <b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZODIAZEPINE DER</b> |                           |
| clozapine oral tablet                                                         |                           |

| Product Description                                                                               | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------------|---------------------------|
| <b>ANTIPSYCHOTIC - BUTYROPHENONE DERIVATIVES</b>                                                  |                           |
| haloperidol                                                                                       |                           |
| haloperidol decanoate                                                                             |                           |
| haloperidol lactate oral                                                                          |                           |
| <b>ANTIPSYCHOTIC - DIBENZOXAZEPINE DERIVATIVES</b>                                                |                           |
| loxapine succinate                                                                                |                           |
| <b>ANTIPSYCHOTIC - DIHYDROINDOLONES</b>                                                           |                           |
| molindone                                                                                         |                           |
| <b>ANTIPSYCHOTIC - DIPHENYLBUTYLPYPERIDINE DERIVATIVES</b>                                        |                           |
| pimozide                                                                                          |                           |
| <b>ANTIPSYCHOTIC - PHENOTHIAZINES, ALIPHATIC</b>                                                  |                           |
| chlorpromazine                                                                                    |                           |
| <b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERAZINE</b>                                                 |                           |
| fluphenazine decanoate                                                                            |                           |
| fluphenazine hcl                                                                                  |                           |
| perphenazine                                                                                      |                           |
| prochlorperazine maleate                                                                          |                           |
| trifluoperazine                                                                                   |                           |
| <b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERIDINE</b>                                                 |                           |
| thioridazine                                                                                      |                           |
| <b>ANTIPSYCHOTIC - THIOXANTHENES</b>                                                              |                           |
| thiothixene                                                                                       |                           |
| <b>ANTIPSYCHOTIC -ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZOTHIAZEPINE DER</b>                     |                           |
| quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 50 mg                                       |                           |
| quetiapine oral tablet 150 mg                                                                     |                           |
| quetiapine oral tablet 400 mg                                                                     | QL                        |
| quetiapine oral tablet extended release 24 hr                                                     | QL                        |
| <b>ANTIPSYCHOTIC -ATYPICAL DOPAMINE-SEROTONIN ANTAG-THIENOBENZODIAZEPINES</b>                     |                           |
| olanzapine oral                                                                                   |                           |
| olanzapine-fluoxetine                                                                             |                           |
| ZYPREXA RELPREVV                                                                                  |                           |
| <b>ANTIPSYCHOTIC-ATYP SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIA)</b>                      |                           |
| NUPLAZID                                                                                          | PA; QL; MS                |
| <b>ANTIPSYCHOTIC-ATYPICAL,D2 RECEPTOR PARTIAL AGONIST-5HT SEROTONIN MIXED</b>                     |                           |
| ABILIFY ASIMTUFII                                                                                 | QL                        |
| ABILIFY MAINTENA                                                                                  |                           |
| aripiprazole oral solution                                                                        | QL                        |
| aripiprazole oral tablet                                                                          | QL                        |
| ARISTADA INITIO                                                                                   | QL                        |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML                             | QL                        |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML |                           |
| <b>ANTIPSYCHOTIC-ATYPICAL,D3/D2 RECEPTOR PARTIAL AGONIST-SEROTONIN MIXED</b>                      |                           |
| VRAYLAR ORAL CAPSULE                                                                              | ST; QL                    |
| <b>ATTENTION DEFICIT-HYPERACT. DISORDER (ADHD)- ALPHA-2 RECEPTOR AGONIST</b>                      |                           |
| clonidine hcl oral tablet extended release 12 hr                                                  | QL                        |
| guanfacine oral tablet extended release 24 hr                                                     | QL                        |
| <b>ATTENTION DEFICIT-HYPERACTIVITY (ADHD) THERAPY, STIMULANT-TYPE</b>                             |                           |
| ADDERALL XR                                                                                       | QL                        |
| CONCERTA                                                                                          | QL                        |

| Product Description                                                              | Limits/Restrictions/Notes |
|----------------------------------------------------------------------------------|---------------------------|
| dexmethylphenidate oral capsule,er biphasic 50-50                                | QL                        |
| dexmethylphenidate oral tablet                                                   |                           |
| dextroamphetamine sulfate oral capsule, extended release                         |                           |
| dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg           |                           |
| dextroamphetamine-amphetamine oral capsule,extended release 24hr                 | QL                        |
| dextroamphetamine-amphetamine oral tablet                                        |                           |
| lisdexamfetamine                                                                 | QL                        |
| methylphenidate hcl oral capsule, er biphasic 30-70                              | QL                        |
| methylphenidate hcl oral capsule,er biphasic 50-50                               | QL                        |
| methylphenidate hcl oral solution                                                |                           |
| methylphenidate hcl oral tablet                                                  |                           |
| methylphenidate hcl oral tablet extended release                                 |                           |
| methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg | QL                        |
| methylphenidate hcl oral tablet,chewable                                         |                           |
| ZENZEDI ORAL TABLET 10 MG, 5 MG                                                  |                           |
| <b>ATTENTION DEFICIT-HYPERACTIVITY DISORDER (ADHD) THERAPY, NRI-TYPE</b>         |                           |
| atomoxetine                                                                      |                           |
| QELBREE                                                                          | PA; QL                    |
| <b>BENZODIAZEPINES</b>                                                           |                           |
| ALPRAZOLAM INTENSOL                                                              |                           |
| alprazolam oral tablet                                                           |                           |
| alprazolam oral tablet extended release 24 hr                                    |                           |
| amitriptyline-chlordiazepoxide                                                   |                           |
| chlordiazepoxide hcl                                                             |                           |
| clobazam oral suspension                                                         |                           |
| clobazam oral tablet                                                             | QL                        |
| clonazepam                                                                       |                           |
| clorazepate dipotassium                                                          |                           |
| DIAZEPAM INTENSOL                                                                |                           |
| diazepam oral                                                                    |                           |
| diazepam rectal                                                                  | QL                        |
| estazolam                                                                        |                           |
| flurazepam                                                                       |                           |
| LORAZEPAM INTENSOL                                                               |                           |
| lorazepam oral                                                                   |                           |
| LOREEV XR                                                                        | PA; QL                    |
| midazolam oral syrup 2 mg/ml                                                     |                           |
| NAYZILAM                                                                         | QL                        |
| oxazepam                                                                         |                           |
| temazepam                                                                        |                           |
| triazolam                                                                        |                           |
| VALTOCO                                                                          | QL                        |
| <b>BIPOLAR THERAPY AGENTS - ANTICONVULSANT TYPE</b>                              |                           |
| carbamazepine oral capsule, er multiphase 12 hr                                  |                           |
| carbamazepine oral suspension                                                    |                           |
| carbamazepine oral tablet                                                        |                           |
| carbamazepine oral tablet extended release 12 hr                                 |                           |
| carbamazepine oral tablet,chewable 100 mg                                        |                           |
| CARBATROL                                                                        |                           |
| DEPAKOTE                                                                         |                           |

| Product Description                                                                | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------------|---------------------------|
| DEPAKOTE ER                                                                        |                           |
| DEPAKOTE SPRINKLES                                                                 |                           |
| divalproex                                                                         |                           |
| LAMICTAL ODT                                                                       | QL                        |
| LAMICTAL ODT STARTER (BLUE)                                                        |                           |
| LAMICTAL ODT STARTER (GREEN)                                                       |                           |
| LAMICTAL ODT STARTER (ORANGE)                                                      |                           |
| lamotrigine oral tablet disintegrating, dose pk                                    |                           |
| lamotrigine oral tablet,disintegrating                                             | QL                        |
| lamotrigine oral tablets,dose pack 25 mg (35)                                      |                           |
| lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) | QL                        |
| SUBVENITE STARTER (BLUE) KIT                                                       |                           |
| SUBVENITE STARTER (GREEN) KIT                                                      | QL                        |
| SUBVENITE STARTER (ORANGE) KIT                                                     | QL                        |
| TEGRETOL ORAL SUSPENSION                                                           |                           |
| TEGRETOL ORAL TABLET                                                               |                           |
| TEGRETOL XR                                                                        |                           |
| valproic acid                                                                      |                           |
| valproic acid (as sodium salt)                                                     |                           |
| <b>BIPOLAR THERAPY AGENTS - ATYPICAL ANTIPSYCHOTICS</b>                            |                           |
| aripiprazole oral solution                                                         | QL                        |
| aripiprazole oral tablet                                                           | QL                        |
| asenapine maleate                                                                  | QL                        |
| olanzapine oral                                                                    |                           |
| olanzapine-fluoxetine                                                              |                           |
| quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 50 mg                        |                           |
| quetiapine oral tablet 150 mg                                                      |                           |
| quetiapine oral tablet 400 mg                                                      | QL                        |
| quetiapine oral tablet extended release 24 hr                                      | QL                        |
| risperidone oral solution                                                          |                           |
| risperidone oral tablet                                                            |                           |
| VRAYLAR ORAL CAPSULE                                                               | ST; QL                    |
| ziprasidone hcl                                                                    |                           |
| <b>BIPOLAR THERAPY AGENTS - LITHIUM</b>                                            |                           |
| lithium carbonate                                                                  |                           |
| lithium citrate                                                                    |                           |
| LITHOBID                                                                           |                           |
| <b>CANNABIS AND CANNABINOIDS</b>                                                   |                           |
| dronabinol                                                                         |                           |
| SYNDROS                                                                            | PA                        |
| <b>CNS STIMULANT - AMPHETAMINE COMBINATIONS</b>                                    |                           |
| ADDERALL XR                                                                        | QL                        |
| dextroamphetamine-amphetamine oral capsule,extended release 24hr                   | QL                        |
| dextroamphetamine-amphetamine oral tablet                                          |                           |
| <b>CNS STIMULANT - AMPHETAMINES</b>                                                |                           |
| dextroamphetamine sulfate oral capsule, extended release                           |                           |
| dextroamphetamine sulfate oral solution                                            |                           |
| dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg             |                           |
| ZENZEDI ORAL TABLET 10 MG, 5 MG                                                    |                           |

| Product Description                                                          | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------|---------------------------|
| <b>CNS STIMULANT - ANALEPTICS, METHYLXANTHINE-TYPE</b>                       |                           |
| caffeine citrate oral                                                        |                           |
| <b>FIBROMYALGIA AGENTS - GABA ANALOGS</b>                                    |                           |
| pregabalin oral capsule                                                      |                           |
| pregabalin oral solution                                                     | QL                        |
| <b>FIBROMYALGIA AGENTS - SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)</b> |                           |
| duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg          | QL                        |
| SAVELLA                                                                      | ST; QL                    |
| <b>HYPNOTICS - MELATONIN M1/M2 RECEPTOR AGONISTS</b>                         |                           |
| HETLIOZ LQ                                                                   | PA; QL; MS                |
| ramelteon                                                                    | QL                        |
| tasimelteon                                                                  | PA; QL; MS                |
| <b>MIGRAINE THERAPY - CARBOXYLIC ACID DERIVATIVES</b>                        |                           |
| DEPAKOTE ER                                                                  |                           |
| divalproex oral tablet extended release 24 hr                                |                           |
| <b>MIGRAINE THERAPY - CGRP LIGAND BLOCKER, MONOCLONAL ANTIBODY</b>           |                           |
| AJOVY AUTOINJECTOR                                                           | PA; QL                    |
| AJOVY SYRINGE                                                                | PA; QL                    |
| <b>MIGRAINE THERAPY - ERGOT COMBINATIONS</b>                                 |                           |
| ergotamine-caffeine                                                          |                           |
| MIGERGOT                                                                     |                           |
| <b>MIGRAINE THERAPY - SELECTIVE SEROTONIN AGONISTS 5-HT(1)</b>               |                           |
| almotriptan malate                                                           | QL                        |
| eletriptan                                                                   | QL                        |
| frovatriptan                                                                 | QL                        |
| naratriptan                                                                  | QL                        |
| rizatriptan                                                                  | QL                        |
| sumatriptan                                                                  | QL                        |
| sumatriptan succinate oral                                                   | QL                        |
| sumatriptan succinate subcutaneous cartridge                                 | QL                        |
| sumatriptan succinate subcutaneous pen injector                              | QL                        |
| sumatriptan succinate subcutaneous solution                                  | QL                        |
| zolmitriptan oral                                                            | QL                        |
| <b>MOVEMENT DISORDER DRUG THERAPY</b>                                        |                           |
| INGREZZA SPRINKLE                                                            | QL                        |
| tetrabenazine                                                                | PA; QL; MS                |
| <b>MOVEMENT DISORDER THERAPY - HUNTINGTON'S DISEASE</b>                      |                           |
| INGREZZA SPRINKLE                                                            | QL                        |
| tetrabenazine                                                                | PA; QL; MS                |
| <b>MOVEMENT DISORDER THERAPY - TARDIVE DYSKINESIA</b>                        |                           |
| INGREZZA SPRINKLE                                                            | QL                        |
| <b>NARCOLEPSY AND CATAPLEXY THERAPY AGENTS - SEDATIVE-TYPE</b>               |                           |
| sodium oxybate                                                               | PA; QL                    |
| XYREM                                                                        | PA; QL                    |
| XYWAV                                                                        | PA; QL                    |
| <b>NARCOLEPSY THERAPY AGENTS - DOPAMINE AND NE REUPTAKE INHIBITOR (DNRI)</b> |                           |
| SUNOSI                                                                       | PA; QL                    |
| <b>NARCOLEPSY THERAPY AGENTS - NON-SYMPATHOMIMETIC</b>                       |                           |
| armodafinil                                                                  | QL                        |
| modafinil                                                                    | QL                        |

| Product Description                                                             | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------|---------------------------|
| <b>NARCOLEPSY THERAPY AGENTS - STIMULANT-TYPE, PIPERADINE DERIVATIVE</b>        |                           |
| methylphenidate hcl oral solution                                               |                           |
| methylphenidate hcl oral tablet                                                 |                           |
| methylphenidate hcl oral tablet, chewable                                       |                           |
| <b>NARCOLEPSY THERAPY AGENTS- STIMULANT-TYPE, SYMPATHOMIMETIC, AMPHETAMINES</b> |                           |
| dextroamphetamine sulfate oral capsule, extended release                        |                           |
| dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg          |                           |
| dextroamphetamine-amphetamine oral tablet                                       |                           |
| ZENZEDI ORAL TABLET 10 MG, 5 MG                                                 |                           |
| <b>POSTHERPETIC NEURALGIA AGENTS</b>                                            |                           |
| gabapentin oral tablet extended release 24 hr                                   | PA; QL                    |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR                                      | PA; QL                    |
| <b>PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS TYPE</b>                  |                           |
| NUEDEXTA                                                                        | PA; QL                    |
| <b>SEDATIVE-HYPNOTIC - ANTIHISTAMINES</b>                                       |                           |
| diphenhydramine hcl oral capsule                                                |                           |
| diphenhydramine hcl oral tablet                                                 |                           |
| <b>SEDATIVE-HYPNOTIC - BARBITURATES</b>                                         |                           |
| phenobarbital                                                                   |                           |
| <b>SEDATIVE-HYPNOTIC - BENZODIAZEPINES</b>                                      |                           |
| estazolam                                                                       |                           |
| flurazepam                                                                      |                           |
| midazolam oral syrup 2 mg/ml                                                    |                           |
| temazepam                                                                       |                           |
| triazolam                                                                       |                           |
| <b>SEDATIVE-HYPNOTIC - GABA-RECEPTOR MODULATORS</b>                             |                           |
| eszopiclone                                                                     | QL                        |
| zaleplon                                                                        | QL                        |
| zolpidem oral tablet                                                            | QL                        |
| zolpidem oral tablet, ext release multiphase                                    | QL                        |
| zolpidem sublingual                                                             | QL                        |
| <b>CHEMICAL DEPENDENCY, AGENTS TO TREAT</b>                                     |                           |
| <b>AGENTS FOR OPIOID WITHDRAWAL, OPIOID-TYPE</b>                                |                           |
| BRIXADI                                                                         |                           |
| buprenorphine hcl sublingual                                                    |                           |
| buprenorphine-naloxone                                                          |                           |
| SUBLOCADE                                                                       |                           |
| <b>ALCOHOL ABSTINENCE THERAPY - GLUTAMATE AND GABA SYSTEM TYPE</b>              |                           |
| acamprosate                                                                     | QL                        |
| <b>ALCOHOL ABSTINENCE THERAPY - OPIOID RECEPTOR ANTAGONIST-TYPE</b>             |                           |
| naltrexone                                                                      |                           |
| VIVITROL                                                                        |                           |
| <b>ALCOHOL DETERRENTS</b>                                                       |                           |
| disulfiram                                                                      |                           |
| <b>SMOKING DETERRENTS - NE AND DOPAMINE REUPTAKE INHIBITOR (NDRI)-TYPE</b>      |                           |
| bupropion hcl (smoking deter)                                                   |                           |
| <b>SMOKING DETERRENTS - NICOTINE-TYPE</b>                                       |                           |
| ft nicotine 4 mg lozenge                                                        | QL                        |
| gnp nicotine 2 mg mini lozenge                                                  | QL                        |
| gnp nicotine 4 mg mini lozenge                                                  | QL                        |

| Product Description                                                         | Limits/Restrictions/Notes |
|-----------------------------------------------------------------------------|---------------------------|
| NICOTINE (POLACRILEX) BUCCAL GUM                                            | QL                        |
| nicotine (polacrilex) buccal lozenge 2 mg, 4 mg                             | QL                        |
| nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg                        | QL                        |
| nicotine 2 mg mini lozenge                                                  | QL                        |
| nicotine 4 mg lozenge                                                       | QL                        |
| nicotine 4 mg mini lozenge                                                  | QL                        |
| nicotine transdermal patch 24 hour                                          | QL                        |
| <b>SMOKING DETERRENTS - NICOTINIC RECEPTOR PARTIAL AGONIST, ALPHA4BETA2</b> |                           |
| varenicline tartrate                                                        | QL                        |
| <b>CHEMICALS-PHARMACEUTICAL ADJUVANTS</b>                                   |                           |
| <b>CHEMICALS - SOLVENTS</b>                                                 |                           |
| CVS ISOPROPYL ALCOHOL 91% (OTC)                                             |                           |
| cvs isopropyl rub alcohol 70% (otc)                                         |                           |
| CVS ISOPROPYL RUB ALCOHOL 70% (OTC)                                         |                           |
| FT ISOPROPYL ALCOHOL 91% (OTC)                                              |                           |
| ft isopropyl rub alcohol 70% (otc)                                          |                           |
| FT ISOPROPYL RUB ALCOHOL 70% (OTC)                                          |                           |
| GNP ISOPROPYL ALCOHOL 91% (OTC)                                             |                           |
| GS ISOPROPYL ALCOHOL 70% (OTC)                                              |                           |
| INSTACLEAN                                                                  |                           |
| ISOPROPANOL 70% LIQUID STERILE (RX)                                         |                           |
| ISOPROPANOL 70% SOLUTION STERILE (RX)                                       |                           |
| isopropyl alcohol solution 70 %, 91 %, 99 %                                 |                           |
| isopropyl rubbing alcohol 70% (otc)                                         |                           |
| ISOPROPYL RUBBING ALCOHOL 70% (OTC)                                         |                           |
| ISOPROPYL RUBBING ALCOHOL 91% (OTC)                                         |                           |
| <b>PHARMACEUTICAL ADJUVANT - INHALATION VEHICLES</b>                        |                           |
| HYPER-SAL                                                                   |                           |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %                            |                           |
| sodium chloride inhalation                                                  |                           |
| <b>PHARMACEUTICAL ADJUVANT - ORAL THICKENING AGENTS</b>                     |                           |
| DIAFOODS THICK-IT #2                                                        |                           |
| DIAFOODS THICK-IT ORAL POWDER                                               |                           |
| DIAFOODS THICK-IT ORAL POWDER IN PACKET                                     |                           |
| GELMIX                                                                      |                           |
| INSTANT FOOD THICKENER                                                      |                           |
| RESOURCE THICKENUP ORAL PACKET                                              |                           |
| RESOURCE THICKENUP ORAL POWDER                                              |                           |
| SIMPLYTHICK ORAL GEL IN PACKET 12 GRAM, 4 GRAM, 6 GRAM, 96 GRAM             |                           |
| SIMPLYTHICK ORAL GEL WITH PUMP                                              |                           |
| THICK AND EASY                                                              |                           |
| THICK NOW                                                                   |                           |
| THICKEN UP CLEAR ORAL POWDER IN PACKET                                      |                           |
| THICK-IT #2 ORAL POWDER                                                     |                           |
| THICK-IT #2 ORAL POWDER IN PACKET                                           |                           |
| <b>PHARMACEUTICAL ADJUVANT - ORAL VEHICLES</b>                              |                           |
| simple syrup nf (rx)                                                        |                           |
| SYRSPEND SF LIQUID (RX)                                                     |                           |
| SYRSPEND SF LIQUID GRAPE (RX)                                               |                           |

| Product Description                                                                         | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------|---------------------------|
| <b>COGNITIVE DISORDER THERAPY</b>                                                           |                           |
| <b>ALZHEIMER'S DISEASE THERAPY - CHOLINESTERASE INHIBITORS</b>                              |                           |
| donepezil                                                                                   |                           |
| galantamine                                                                                 |                           |
| rivastigmine                                                                                |                           |
| rivastigmine tartrate                                                                       |                           |
| <b>ALZHEIMER'S DISEASE THERAPY - NMDA RECEPTOR ANTAGONISTS</b>                              |                           |
| memantine oral capsule,sprinkle,er 24hr                                                     | QL                        |
| memantine oral solution                                                                     |                           |
| memantine oral tablet                                                                       |                           |
| memantine oral tablets,dose pack                                                            |                           |
| <b>COGNITIVE DISORDER THERAPY - CEREBRAL VASODILATORS</b>                                   |                           |
| ergoloid                                                                                    |                           |
| <b>RETT SYNDROME AGENTS - GLYPROMATE (GPE) ANALOGS</b>                                      |                           |
| DAYBUE                                                                                      | PA; QL                    |
| <b>CONTRACEPTIVES</b>                                                                       |                           |
| <b>CONTRACEPTIVE - VAGINAL PH MODULATOR</b>                                                 |                           |
| PHEXX                                                                                       |                           |
| <b>CONTRACEPTIVE IMPLANT - PROGESTIN</b>                                                    |                           |
| NEXPLANON                                                                                   |                           |
| <b>CONTRACEPTIVE INJECTABLE - PROGESTIN</b>                                                 |                           |
| medroxyprogesterone intramuscular                                                           |                           |
| <b>CONTRACEPTIVE INTRAUTERINE - COPPER IUD</b>                                              |                           |
| PARAGARD T 380A                                                                             |                           |
| PARAGARD T380A (SINGLE HAND)                                                                |                           |
| <b>CONTRACEPTIVE INTRAUTERINE - PROGESTERONE IUD</b>                                        |                           |
| KYLEENA                                                                                     |                           |
| LILETTA                                                                                     | MS                        |
| SKYLA                                                                                       |                           |
| <b>CONTRACEPTIVE ORAL - BIPHASIC</b>                                                        |                           |
| AMETHIA                                                                                     |                           |
| ASHLYNA                                                                                     |                           |
| AZURETTE (28)                                                                               |                           |
| CAMRESE                                                                                     |                           |
| CAMRESE LO                                                                                  |                           |
| DAYSEE                                                                                      |                           |
| desog-e.estradiol/e.estradiol                                                               |                           |
| JAIMIESS                                                                                    |                           |
| KARIVA (28)                                                                                 |                           |
| l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7) |                           |
| LO LOESTRIN FE                                                                              |                           |
| LOJAIMIESS                                                                                  |                           |
| PIMTREA (28)                                                                                |                           |
| SIMLIYA (28)                                                                                |                           |
| SIMPESSE                                                                                    |                           |
| VIORELE (28)                                                                                |                           |
| VOLNEA (28)                                                                                 |                           |
| <b>CONTRACEPTIVE ORAL - MONOPHASIC</b>                                                      |                           |
| AFIRMELLE                                                                                   |                           |
| ALTAVERA (28)                                                                               |                           |

| Product Description            | Limits/Restrictions/Notes |
|--------------------------------|---------------------------|
| ALYACEN 1/35 (28)              |                           |
| AMETHYST (28)                  |                           |
| APRI                           |                           |
| AUBRA                          |                           |
| AUBRA EQ                       |                           |
| AUROVELA 1.5/30 (21)           |                           |
| AUROVELA 1/20 (21)             |                           |
| AUROVELA 24 FE                 |                           |
| AUROVELA FE 1.5/30 (28)        |                           |
| AUROVELA FE 1-20 (28)          |                           |
| AVIANE                         |                           |
| AYUNA                          |                           |
| BALZIVA (28)                   |                           |
| BLISOVI 24 FE                  |                           |
| BLISOVI FE 1.5/30 (28)         |                           |
| BLISOVI FE 1/20 (28)           |                           |
| BRIELLYN                       |                           |
| CHARLOTTE 24 FE                |                           |
| CHATEAL EQ (28)                |                           |
| CRYSELLE (28)                  |                           |
| CYRED                          |                           |
| CYRED EQ                       |                           |
| DASETTA 1/35 (28)              |                           |
| DOLISHALE                      |                           |
| drospirenone-e.estradiol-lm.fa |                           |
| drospirenone-ethinyl estradiol |                           |
| ELINEST                        |                           |
| ENSKYCE                        |                           |
| ESTARYLLA                      |                           |
| ethynodiol diac-eth estradiol  |                           |
| FALMINA (28)                   |                           |
| FEIRZA                         | Covered in full           |
| FINZALA                        |                           |
| GALBRIELA                      |                           |
| GEMMILY                        |                           |
| HAILEY                         |                           |
| HAILEY 24 FE                   |                           |
| HAILEY FE 1.5/30 (28)          |                           |
| HAILEY FE 1/20 (28)            |                           |
| ICLEVIA                        |                           |
| INTROVALE                      |                           |
| ISIBLOOM                       |                           |
| JASMIEL (28)                   |                           |
| JOLESSA                        |                           |
| JOYEUX                         |                           |
| JULEBER                        |                           |
| JUNEL 1.5/30 (21)              |                           |
| JUNEL 1/20 (21)                |                           |
| JUNEL FE 1.5/30 (28)           |                           |
| JUNEL FE 1/20 (28)             |                           |

| Product Description                                                              | Limits/Restrictions/Notes |
|----------------------------------------------------------------------------------|---------------------------|
| JUNEL FE 24                                                                      |                           |
| KAITLIB FE                                                                       |                           |
| KALLIGA                                                                          |                           |
| KELNOR 1/35 (28)                                                                 |                           |
| KURVELO (28)                                                                     |                           |
| LARIN 1.5/30 (21)                                                                |                           |
| LARIN 1/20 (21)                                                                  |                           |
| LARIN 24 FE                                                                      |                           |
| LARIN FE 1.5/30 (28)                                                             |                           |
| LARIN FE 1/20 (28)                                                               |                           |
| LESSINA                                                                          |                           |
| levonorgest-eth.estradiol-iron                                                   |                           |
| levonorgestrel-ethinyl estrad                                                    |                           |
| LEVORA-28                                                                        |                           |
| LORYNA (28)                                                                      |                           |
| LOW-OGESTREL (28)                                                                |                           |
| LO-ZUMANDIMINE (28)                                                              |                           |
| LUIZZA                                                                           |                           |
| LUTERA (28)                                                                      |                           |
| MARLISSA (28)                                                                    |                           |
| MIBELAS 24 FE                                                                    |                           |
| MICROGESTIN 1.5/30 (21)                                                          |                           |
| MICROGESTIN 1/20 (21)                                                            |                           |
| MICROGESTIN FE 1.5/30 (28)                                                       |                           |
| MICROGESTIN FE 1/20 (28)                                                         |                           |
| MILI                                                                             |                           |
| MINZOYA                                                                          |                           |
| MONO-LINYAH                                                                      |                           |
| NECON 0.5/35 (28)                                                                |                           |
| NIKKI (28)                                                                       |                           |
| noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4) |                           |
| norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg            |                           |
| norethindrone-e.estradiol-iron oral capsule                                      |                           |
| norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)          |                           |
| norethindrone-e.estradiol-iron oral tablet,chewable                              |                           |
| norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg                         |                           |
| NORTREL 0.5/35 (28)                                                              |                           |
| NORTREL 1/35 (21)                                                                |                           |
| NORTREL 1/35 (28)                                                                |                           |
| NYLIA 1/35 (28)                                                                  |                           |
| OCELLA                                                                           |                           |
| PHILITH                                                                          |                           |
| PORTIA 28                                                                        |                           |
| RECLIPSEN (28)                                                                   |                           |
| SETLAKIN                                                                         |                           |
| SPRINTEC (28)                                                                    |                           |
| SRONYX                                                                           |                           |
| SYEDA                                                                            |                           |
| TARINA 24 FE                                                                     |                           |
| TARINA FE 1/20 (28)                                                              |                           |

| Product Description                                                                                     | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------------------|---------------------------|
| TARINA FE 1-20 EQ (28)                                                                                  |                           |
| TURQOZ (28)                                                                                             |                           |
| VALTYA                                                                                                  |                           |
| VESTURA (28)                                                                                            |                           |
| VIENVA                                                                                                  |                           |
| VYFEMLA (28)                                                                                            |                           |
| VYLIBRA                                                                                                 |                           |
| WERA (28)                                                                                               |                           |
| WYMZYA FE                                                                                               |                           |
| XELRIA FE                                                                                               | Covered in full           |
| ZARAH                                                                                                   |                           |
| ZOVIA 1-35 (28)                                                                                         |                           |
| ZUMANDIMINE (28)                                                                                        |                           |
| <b>CONTRACEPTIVE ORAL - PROGESTIN</b>                                                                   |                           |
| CAMILA                                                                                                  |                           |
| DEBLITANE                                                                                               |                           |
| EMZAHH                                                                                                  |                           |
| ERRIN                                                                                                   |                           |
| HEATHER                                                                                                 |                           |
| INCASSIA                                                                                                |                           |
| JENCYCLA                                                                                                |                           |
| LYLEQ                                                                                                   |                           |
| LYZA                                                                                                    |                           |
| MELEYA                                                                                                  |                           |
| NORA-BE                                                                                                 |                           |
| norethindrone (contraceptive)                                                                           |                           |
| OPILL                                                                                                   |                           |
| ORQUIDEA                                                                                                | PA                        |
| SHAROBEL                                                                                                |                           |
| TULANA                                                                                                  |                           |
| <b>CONTRACEPTIVE ORAL - QUADRAPHASIC</b>                                                                |                           |
| ROSYRAH                                                                                                 |                           |
| <b>CONTRACEPTIVE ORAL - TRIPHASIC</b>                                                                   |                           |
| ALYACEN 7/7/7 (28)                                                                                      |                           |
| ARANELLE (28)                                                                                           |                           |
| CAZIAN (28)                                                                                             |                           |
| DASETTA 7/7/7 (28)                                                                                      |                           |
| ENPRESSE                                                                                                |                           |
| LEVONEST (28)                                                                                           |                           |
| levonorg-eth estrad triphasic                                                                           |                           |
| 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) |                           |
| NORTREL 7/7/7 (28)                                                                                      |                           |
| NYLIA 7/7/7 (28)                                                                                        |                           |
| TILIA FE                                                                                                |                           |
| TRI-ESTARYLLA                                                                                           |                           |
| TRI-LEGEST FE                                                                                           |                           |
| TRI-LINYAH                                                                                              |                           |
| TRI-LO-ESTARYLLA                                                                                        |                           |
| TRI-LO-MARZIA                                                                                           |                           |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| TRI-LO-MILI                                                                   |                           |
| TRI-LO-SPRINTEC                                                               |                           |
| TRI-MILI                                                                      |                           |
| TRI-SPRINTEC (28)                                                             |                           |
| TRI-VYLIBRA                                                                   |                           |
| TRI-VYLIBRA LO                                                                |                           |
| VELIVET TRIPHASIC REGIMEN (28)                                                |                           |
| XARAH FE                                                                      |                           |
| <b>CONTRACEPTIVE TRANSDERMAL COMBINATIONS - ESTROGEN AND PROGESTIN COMB.</b>  |                           |
| norelgestromin-ethin.estradiol                                                |                           |
| TWIRLA                                                                        |                           |
| XULANE                                                                        |                           |
| ZAFEMY                                                                        |                           |
| <b>CONTRACEPTIVES - INTRAVAGINAL, SYSTEMIC - ESTROGEN AND PROGESTIN COMB.</b> |                           |
| ELURYNG                                                                       |                           |
| ENILLORING                                                                    |                           |
| etonogestrel-ethinyl estradiol                                                |                           |
| HALOETTE                                                                      |                           |
| <b>EMERGENCY CONTRACEPTIVES</b>                                               |                           |
| AFTER PILL                                                                    |                           |
| AFTERA                                                                        |                           |
| ECONTRA EZ                                                                    |                           |
| ECONTRA ONE-STEP                                                              |                           |
| ELLA                                                                          |                           |
| levonorgestrel                                                                |                           |
| MY CHOICE                                                                     |                           |
| MY WAY                                                                        |                           |
| NEW DAY                                                                       |                           |
| OPCICON ONE-STEP                                                              |                           |
| OPTION-2                                                                      |                           |
| PLAN B ONE-STEP                                                               |                           |
| TAKE ACTION                                                                   |                           |
| <b>EMERGENCY CONTRACEPTIVES - PROGESTERONE AGONIST/ANTAGONIST TYPE</b>        |                           |
| ELLA                                                                          |                           |
| <b>EMERGENCY CONTRACEPTIVES - PROGESTIN TYPE</b>                              |                           |
| AFTER PILL                                                                    |                           |
| AFTERA                                                                        |                           |
| ECONTRA EZ                                                                    |                           |
| ECONTRA ONE-STEP                                                              |                           |
| levonorgestrel                                                                |                           |
| MY CHOICE                                                                     |                           |
| MY WAY                                                                        |                           |
| NEW DAY                                                                       |                           |
| OPCICON ONE-STEP                                                              |                           |
| OPTION-2                                                                      |                           |
| PLAN B ONE-STEP                                                               |                           |
| TAKE ACTION                                                                   |                           |
| <b>SPERMICIDES</b>                                                            |                           |
| VAGINAL CONTRACEPTIVE FILM                                                    |                           |
| VCF CONTRACEPTIVE GEL                                                         |                           |

| Product Description                                                            | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------------|---------------------------|
| <b>DERMATOLOGICAL</b>                                                          |                           |
| <b>ACNE THERAPY SYSTEMIC - RETINOIDS AND DERIVATIVES</b>                       |                           |
| ACUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG                                       |                           |
| AMNESTEEM                                                                      |                           |
| CLARAVIS                                                                       |                           |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg                           |                           |
| isotretinoin oral capsule 25 mg, 35 mg                                         | PA                        |
| ZENATANE                                                                       |                           |
| <b>ACNE THERAPY TOPICAL - ANDROGEN RECEPTOR INHIBITORS</b>                     |                           |
| WINLEVI                                                                        | PA; QL                    |
| <b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE</b>                                   |                           |
| CLINDACIN                                                                      |                           |
| CLINDACIN ETZ TOPICAL SWAB                                                     |                           |
| CLINDACIN P                                                                    |                           |
| clindamycin phosphate topical gel (excluding generic for clindagel)            |                           |
| clindamycin phosphate topical lotion                                           |                           |
| clindamycin phosphate topical solution                                         |                           |
| clindamycin phosphate topical swab                                             |                           |
| dapsone topical gel 5 %                                                        | QL                        |
| ERY PADS                                                                       |                           |
| erythromycin with ethanol topical gel                                          |                           |
| erythromycin with ethanol topical solution                                     |                           |
| sulfacetamide sodium (acne)                                                    |                           |
| <b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE-KERATOLYTIC COMBINATIONS</b>          |                           |
| clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %                 |                           |
| clindamycin-benzoyl peroxide topical gel 1-5 %                                 | QL                        |
| clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %            | QL                        |
| erythromycin-benzoyl peroxide                                                  |                           |
| NEUAC                                                                          |                           |
| <b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE-RETINOID COMBINATIONS</b>             |                           |
| clindamycin-tretinoin                                                          |                           |
| <b>ACNE THERAPY TOPICAL - KERATOLYTIC</b>                                      |                           |
| ACNE MEDICATION TOPICAL GEL 5 %                                                |                           |
| <b>ACNE THERAPY TOPICAL - RETINOIDS AND DERIVATIVES</b>                        |                           |
| adapalene topical cream                                                        |                           |
| adapalene topical gel 0.3 %                                                    |                           |
| adapalene topical gel with pump                                                |                           |
| tretinoin                                                                      |                           |
| <b>ANTIPSORIATIC - VITAMIN D ANALOG - GLUCOCORTICOID COMBINATIONS</b>          |                           |
| calcipotriene-betamethasone                                                    | QL                        |
| <b>ANTIPSORIATIC AGENTS - INTERLEUKIN 12 AND IL-23 INHIBITORS, MC ANTIBODY</b> |                           |
| SELARSDI 45 MG/0.5 ML SYRINGE                                                  | PA; QL; S                 |
| SELARSDI 90 MG/ML SYRINGE                                                      | PA; QL; S                 |
| SELARSDI SUBCUTANEOUS SOLUTION                                                 | PA; QL; MS                |
| SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML                           | PA; QL; MS                |
| STELARA SUBCUTANEOUS                                                           | PA; QL; MS                |
| YESINTEK 45 MG/0.5 ML SYRINGE                                                  | PA; QL                    |
| YESINTEK 45 MG/0.5 ML VIAL                                                     | PA; QL; MS; S             |
| YESINTEK 90 MG/ML SYRINGE                                                      | PA; QL                    |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML                                    | PA; QL; MS                |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML                          | PA; QL; MS                |
| <b>ANTIPSORIATIC AGENTS - INTERLEUKIN-23 (IL-23) ANTAGONIST, MC ANTIBODY</b>  |                           |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR                                             | PA; QL; MS                |
| SKYRIZI SUBCUTANEOUS SYRINGE                                                  | PA; QL; MS                |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML                               | PA; QL; MS                |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML                                        | PA; QL; MS                |
| <b>ANTIPSORIATIC AGENTS - INTERLEUKIN-36 (IL-36) RECEPTOR ANTAGONIST, MC</b>  |                           |
| SPEVIGO SUBCUTANEOUS                                                          | PA; QL; MS                |
| <b>ANTIPSORIATIC AGENTS-INTERLEUKIN-17 (IL-17) ANTAGONIST, MC ANTIBODY</b>    |                           |
| COSENTYX (2 SYRINGES)                                                         | PA; QL; MS                |
| COSENTYX PEN                                                                  | PA; QL; MS                |
| COSENTYX PEN (2 PENS)                                                         | PA; QL; MS                |
| COSENTYX SUBCUTANEOUS                                                         | PA; QL; MS                |
| COSENTYX UNOREADY PEN                                                         | PA; QL; MS                |
| TALTZ AUTOINJECTOR                                                            | PA; QL; MS                |
| TALTZ AUTOINJECTOR (2 PACK)                                                   | PA; QL; MS                |
| TALTZ AUTOINJECTOR (3 PACK)                                                   | PA; QL; MS                |
| TALTZ SYRINGE                                                                 | PA; QL; MS                |
| <b>DERMATITIS - JANUS KINASE (JAK) INHIBITORS</b>                             |                           |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG                        | PA; QL; MS                |
| <b>DERMATITIS AGENTS,SYSTEMIC-IL-4 RECEPTOR ALPHA ANTAGONIST (IL-4RA) MAB</b> |                           |
| DUPIXENT PEN                                                                  | PA; QL; MS                |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML             | PA; QL; MS                |
| <b>DERMATITIS OR ECZEMA AGENTS, TOPICAL - PHOSPHODIESTERASE-4 INHIBITORS</b>  |                           |
| EUCRISA 2% OINTMENT                                                           | ST; QL                    |
| <b>DERMATOLOGICAL - ANTIBACTERIAL AMINOGLYCOSIDES</b>                         |                           |
| gentamicin topical                                                            |                           |
| <b>DERMATOLOGICAL - ANTIBACTERIAL MIXTURES</b>                                |                           |
| TRIPLE ANTIBIOTIC TOPICAL OINTMENT                                            |                           |
| <b>DERMATOLOGICAL - ANTIBACTERIAL OTHER</b>                                   |                           |
| mupirocin                                                                     |                           |
| <b>DERMATOLOGICAL - ANTIBACTERIAL POLYMYXINS AND DERIVATIVES</b>              |                           |
| bacitracin topical                                                            |                           |
| bacitracin zinc topical ointment in packet                                    |                           |
| <b>DERMATOLOGICAL - ANTIFUNGAL AMPHOTERIC POLYENE MACROLIDES</b>              |                           |
| NYAMYC                                                                        |                           |
| nystatin topical                                                              |                           |
| NYSTOP                                                                        |                           |
| <b>DERMATOLOGICAL - ANTIFUNGAL HYDROXYPYRIDINONE</b>                          |                           |
| CICLODAN TOPICAL CREAM                                                        |                           |
| CICLODAN TOPICAL SOLUTION                                                     | QL                        |
| ciclopirox topical cream                                                      |                           |
| ciclopirox topical gel                                                        |                           |
| ciclopirox topical shampoo                                                    |                           |
| ciclopirox topical solution                                                   | QL                        |
| ciclopirox topical suspension                                                 |                           |
| <b>DERMATOLOGICAL - ANTIFUNGAL IMIDAZOLE AND RELATED AGENTS</b>               |                           |
| clotrimazole topical cream                                                    |                           |
| econazole nitrate topical cream                                               |                           |
| ketoconazole topical cream                                                    |                           |

| Product Description                                                                         | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------|---------------------------|
| ketoconazole topical shampoo                                                                |                           |
| <b>DERMATOLOGICAL - ANTIFUNGAL OXABOROLE</b>                                                |                           |
| tavaborole                                                                                  | QL                        |
| <b>DERMATOLOGICAL - ANTIFUNGAL THIOCARBAMATE</b>                                            |                           |
| tolnaftate topical powder                                                                   |                           |
| tolnaftate topical solution                                                                 |                           |
| <b>DERMATOLOGICAL - ANTIFUNGAL-GLUCOCORTICOID COMBINATIONS</b>                              |                           |
| clotrimazole-betamethasone                                                                  |                           |
| nystatin-triamcinolone                                                                      |                           |
| <b>DERMATOLOGICAL - ANTINEOPLASTIC ALKYLATING AGENTS</b>                                    |                           |
| VALCHLOR                                                                                    | PA; QL; MS                |
| <b>DERMATOLOGICAL - ANTINEOPLASTIC ANTIMETABOLITES</b>                                      |                           |
| fluorouracil topical cream 5 %                                                              |                           |
| fluorouracil topical solution                                                               |                           |
| <b>DERMATOLOGICAL - ANTIPERSPIRANTS</b>                                                     |                           |
| DRYSOL                                                                                      |                           |
| DRYSOL DAB-O-MATIC                                                                          |                           |
| <b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, PHOTSENSITIZING</b>                      |                           |
| methoxsalen                                                                                 |                           |
| <b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, VITAMIN A DERIVATIVES</b>                |                           |
| acitretin                                                                                   | QL                        |
| <b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS TOPICAL</b>                                        |                           |
| calcipotriene scalp                                                                         | QL                        |
| calcipotriene topical cream                                                                 | QL                        |
| calcipotriene topical ointment                                                              | QL                        |
| calcitriol topical                                                                          | QL                        |
| DRITHOCREME HP                                                                              |                           |
| tazarotene topical cream 0.1 %                                                              |                           |
| <b>DERMATOLOGICAL - ANTIPSORIATICS SYSTEMIC, PHOSPHODIESTERASE 4 INHIB.</b>                 |                           |
| OTEZLA                                                                                      | PA; QL; MS                |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | PA; QL; MS                |
| OTEZLA XR                                                                                   | PA; QL; MS                |
| OTEZLA XR INITIATION                                                                        | PA; QL; MS                |
| <b>DERMATOLOGICAL - ANTISEBORRHEIC</b>                                                      |                           |
| selenium sulfide topical lotion                                                             |                           |
| selenium sulfide topical shampoo 2.25 %                                                     |                           |
| <b>DERMATOLOGICAL - ANTIVIRAL, HERPES</b>                                                   |                           |
| ABREVA                                                                                      |                           |
| acyclovir topical ointment                                                                  | QL                        |
| <b>DERMATOLOGICAL - ANTIVIRAL-GLUCOCORTICOID COMBINATIONS</b>                               |                           |
| XERESE                                                                                      | ST; QL                    |
| <b>DERMATOLOGICAL - BURN PRODUCTS ANTI-INFECTIVE</b>                                        |                           |
| mafenide acetate                                                                            |                           |
| silver sulfadiazine                                                                         |                           |
| SSD                                                                                         |                           |
| <b>DERMATOLOGICAL - CALCINEURIN INHIBITORS</b>                                              |                           |
| pimecrolimus                                                                                | QL                        |
| tacrolimus topical                                                                          | QL                        |
| <b>DERMATOLOGICAL - DEPIGMENTING COMBINATIONS</b>                                           |                           |
| TRI-LUMA                                                                                    | PA                        |

| Product Description                                            | Limits/Restrictions/Notes |
|----------------------------------------------------------------|---------------------------|
| <b>DERMATOLOGICAL - ENZYMES</b>                                |                           |
| SANTYL                                                         | QL                        |
| <b>DERMATOLOGICAL - GLUCOCORTICOID</b>                         |                           |
| ALA-CORT TOPICAL CREAM 1 %                                     |                           |
| alclometasone                                                  |                           |
| amcinonide topical cream                                       |                           |
| betamethasone dipropionate                                     |                           |
| betamethasone valerate                                         |                           |
| betamethasone, augmented                                       |                           |
| CAPEX                                                          |                           |
| clobetasol scalp                                               |                           |
| clobetasol topical cream 0.05 %                                |                           |
| clobetasol topical foam                                        |                           |
| clobetasol topical gel                                         |                           |
| clobetasol topical lotion                                      |                           |
| clobetasol topical ointment                                    |                           |
| clobetasol topical shampoo                                     |                           |
| clobetasol topical spray,non-aerosol                           |                           |
| clobetasol-emollient                                           |                           |
| CLODAN                                                         |                           |
| desonide topical cream                                         |                           |
| desonide topical lotion                                        |                           |
| desonide topical ointment                                      |                           |
| desoximetasone topical cream                                   |                           |
| desoximetasone topical gel                                     |                           |
| desoximetasone topical ointment                                |                           |
| fluocinolone                                                   |                           |
| fluocinolone and shower cap                                    |                           |
| fluocinonide                                                   |                           |
| FLUOCINONIDE-E                                                 |                           |
| flurandrenolide                                                |                           |
| fluticasone propionate topical                                 |                           |
| halobetasol propionate topical cream                           |                           |
| halobetasol propionate topical ointment                        |                           |
| hydrocortisone butyrate topical ointment                       |                           |
| hydrocortisone butyrate topical solution                       |                           |
| hydrocortisone topical cream 1 %, 2.5 %                        |                           |
| hydrocortisone topical cream with perineal applicator          |                           |
| hydrocortisone topical lotion 2.5 %                            |                           |
| hydrocortisone topical ointment 1 %, 2.5 %                     |                           |
| hydrocortisone valerate                                        |                           |
| mometasone topical                                             |                           |
| prednicarbate topical cream                                    |                           |
| PROCTO-MED HC                                                  |                           |
| PROCTOSOL HC TOPICAL                                           |                           |
| PROCTOZONE-HC                                                  |                           |
| SCALACORT                                                      |                           |
| triamcinolone acetonide topical cream                          |                           |
| triamcinolone acetonide topical lotion                         |                           |
| triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 % |                           |

| Product Description                                                          | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------|---------------------------|
| TRIDERM TOPICAL CREAM 0.5 %                                                  |                           |
| <b>DERMATOLOGICAL - IMMUNOMODULATOR - IMIDAZOQUINOLINAMINES</b>              |                           |
| imiquimod topical cream in packet 5 %                                        |                           |
| ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %                             |                           |
| <b>DERMATOLOGICAL - IMMUNOMODULATOR - INTERFERONS</b>                        |                           |
| ALFERON N                                                                    |                           |
| <b>DERMATOLOGICAL - KERATOLYTIC-ANTIMITOTIC SINGLE AGENTS</b>                |                           |
| podofilox topical solution                                                   |                           |
| TRI-CHLOR                                                                    |                           |
| <b>DERMATOLOGICAL - LOCAL ANESTHETIC COMBINATIONS</b>                        |                           |
| lidocaine-prilocaine topical cream                                           |                           |
| LIDOTOR                                                                      |                           |
| <b>DERMATOLOGICAL - MAMMALIAN TARGET OF RAPAMYCIN (MTOR) INHIBITORS</b>      |                           |
| HYFTOR                                                                       | PA; QL                    |
| <b>DERMATOLOGICAL - NSAID SINGLE AGENTS</b>                                  |                           |
| diclofenac sodium topical drops                                              |                           |
| <b>DERMATOLOGICAL - RETINOIDS (VITAMIN A DERIVATIVES) - TOPICAL COSMETIC</b> |                           |
| tazarotene topical cream 0.1 %                                               |                           |
| <b>DERMATOLOGICAL - ROSACEA THERAPY, TOPICAL</b>                             |                           |
| brimonidine topical                                                          | PA                        |
| metronidazole topical                                                        |                           |
| ROSADAN TOPICAL CREAM                                                        |                           |
| ROSADAN TOPICAL GEL                                                          |                           |
| <b>DERMATOLOGICAL - TOPICAL LOCAL ANESTHETIC AMIDES</b>                      |                           |
| GLYDO                                                                        |                           |
| lidocaine hcl mucous membrane jelly in applicator                            |                           |
| lidocaine topical adhesive patch,medicated 5 %                               |                           |
| lidocaine topical ointment                                                   |                           |
| LIDODERM                                                                     |                           |
| LIDO-K                                                                       |                           |
| LIDOPIN TOPICAL CREAM 3 %                                                    |                           |
| <b>DERMATOLOGICAL ANTIPRURITICS - ANTIHISTAMINES</b>                         |                           |
| doxepin topical                                                              | PA; QL                    |
| <b>SCABICIDE AND PEDICULICIDE COMBINATIONS</b>                               |                           |
| LICE KILLING                                                                 |                           |
| <b>SCABICIDE AND PEDICULICIDE SINGLE AGENTS</b>                              |                           |
| malathion                                                                    |                           |
| permethrin                                                                   |                           |
| spinosad                                                                     |                           |
| <b>WOUND CARE COMBINATIONS OTHER</b>                                         |                           |
| FILSUEZ                                                                      | PA; QL                    |
| <b>DIAGNOSTIC AGENTS</b>                                                     |                           |
| <b>DIAGNOSTIC - BLOOD TEST OTHERS</b>                                        |                           |
| FORA GTEL KETONE TEST STRIP                                                  |                           |
| NOVAMAX PLUS KETONE                                                          |                           |
| PRECISION XTRA B-KETONE                                                      |                           |
| <b>DIAGNOSTIC - MULTIPLE URINE TESTS</b>                                     |                           |
| CHEK-STIX CONTROL                                                            |                           |
| CHEMSTRIP 10 MD                                                              |                           |
| CHEMSTRIP 10/SG                                                              |                           |

| Product Description                                          | Limits/Restrictions/Notes |
|--------------------------------------------------------------|---------------------------|
| CHEMSTRIP 2 GP                                               |                           |
| CHEMSTRIP 50B                                                |                           |
| CHEMSTRIP 7                                                  |                           |
| CHEMSTRIP 9                                                  |                           |
| COMBISTIX REAGENT                                            |                           |
| HEMA-COMBISTIX                                               |                           |
| LABSTIX REAGENT                                              |                           |
| MULTISTIX                                                    |                           |
| MULTISTIX 10 SG                                              |                           |
| MULTISTIX 5                                                  |                           |
| MULTISTIX 7                                                  |                           |
| MULTISTIX 8 SG                                               |                           |
| MULTISTIX 9                                                  |                           |
| MULTISTIX 9 SG                                               |                           |
| URISTIX 4                                                    |                           |
| URISTIX REAGENT                                              |                           |
| <b>ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS</b>              |                           |
| <b>AMINO ACID - CARNITINE DERIVATIVES</b>                    |                           |
| ACTICARNITINE SF                                             | PA                        |
| CYTO CARN                                                    | PA                        |
| levocarnitine oral solution 1 gram/10 ml                     | PA                        |
| levocarnitine oral tablet                                    |                           |
| NEOKE ALCAR                                                  | PA                        |
| <b>AMINO ACID - TYROSINE</b>                                 |                           |
| tyrosine oral packet                                         | PA                        |
| <b>AMINO ACID-AMINO ACID COMBINATIONS, ORAL</b>              |                           |
| COMPLETE AMINO ACID MIX                                      | PA                        |
| NEOKE BCAA4                                                  | PA                        |
| NUTRASENTIALS                                                | PA                        |
| <b>AMINO ACIDS, SINGLE INGREDIENT, ORAL (NON-INJECTABLE)</b> |                           |
| arginine (l-arginine) oral powder                            | PA                        |
| arginine (l-arginine) oral powder in packet 500 mg           | PA                        |
| CITRULLINE 1000                                              | PA                        |
| CYTOLLINE                                                    | PA                        |
| glutamine (sickle cell)                                      | PA; QL; MS                |
| GLUTASOLVE                                                   | PA                        |
| glycine oral powder                                          | PA                        |
| glycine oral powder in packet                                | PA                        |
| ISOLEUCINE 1000                                              | PA                        |
| l-cystine                                                    | PA                        |
| leucine                                                      | PA                        |
| METHIONINE                                                   | PA                        |
| PHENYLALANINE                                                | PA                        |
| PURE L-CITRULLINE ORAL POWDER                                | PA                        |
| tyrosine oral powder                                         | PA                        |
| valine                                                       | PA                        |
| VALINE 1000                                                  | PA                        |
| VALINE AMINO ACID SUPPLEMENT                                 | PA                        |
| <b>B-COMPLEX VITAMINS</b>                                    |                           |
| VITAMINS B COMPLEX ORAL TABLET                               |                           |

| Product Description                                 | Limits/Restrictions/Notes |
|-----------------------------------------------------|---------------------------|
| <b>DIETARY PRODUCT - DIETARY SUPPLEMENTS</b>        |                           |
| ARGINAID                                            | PA                        |
| BABY'S ONLY ORG LACTORELIEF                         | PA                        |
| BABY'S ONLY ORGANIC DAIRY                           | PA                        |
| BABY'S ONLY ORGANIC DAIRY WHEY                      | PA                        |
| BABY'S ONLY ORGANIC SOY                             | PA                        |
| BENECALORIE                                         | PA                        |
| BOOST                                               | PA                        |
| BOOST BREEZE NUTRITIONAL                            | PA                        |
| BOOST HIGH PROTEIN ENERGY ORAL LIQUID VANILLA       | PA                        |
| BOOST HIGH PROTEIN ENERGY DRNK VANILLA              | PA                        |
| BOOST HIGH PROTEIN ORAL LIQUID 0.06 GRAM- 1 KCAL/ML | PA                        |
| BOOST KID ESSENTIALS                                | PA                        |
| BOOST KID ESSENTIALS W-FIBER                        | PA                        |
| BOOST PLUS                                          | PA                        |
| BOOST VHC                                           | PA                        |
| BOOST WOMEN                                         | PA                        |
| BREAKFAST ESSENTIALS                                | PA                        |
| COMPLEAT PEDIATRIC                                  | PA                        |
| COMPLEAT PEDIATRIC REDUCED CAL                      | PA                        |
| CYTOTINE                                            | PA                        |
| DRY EYE OMEGA BENEFITS ORAL LIQUID                  | PA                        |
| DUOCAL                                              | PA                        |
| EGG-PRO                                             | PA                        |
| ENFAGROW TODDLER NEXT STEP                          | PA                        |
| ENFAGROW TODLR NXT STP NON-GMO                      | PA                        |
| ENSURE ACTIVE HEART HEALTH                          | PA                        |
| ENSURE ACTIVE HIGH PROTEIN                          | PA                        |
| ENSURE ACTIVE LIGHT                                 | PA                        |
| ENSURE ACTIVE MUSCLE HEALTH                         | PA                        |
| ENSURE ACTIVE PROTEIN-MUSCLE                        | PA                        |
| ENSURE CLEAR                                        | PA                        |
| ENSURE COMPACT                                      | PA                        |
| ENSURE COMPLETE                                     | PA                        |
| ENSURE ENLIVE                                       | PA                        |
| ENSURE HARVEST                                      | PA                        |
| ENSURE HIGH PROTEIN ORAL LIQUID                     | PA                        |
| ENSURE MAX PROTEIN                                  | PA                        |
| ENSURE MUSCLE HEALTH                                | PA                        |
| ENSURE ORAL LIQUID                                  | PA                        |
| ENSURE ORAL POWDER                                  | PA                        |
| ENSURE ORIGINAL ORAL LIQUID                         | PA                        |
| ENSURE ORIGINAL ORAL LIQUID 0.04-1.05 GRAM-KCAL/ML  | PA                        |
| ENSURE ORIGINAL ORAL POWDER                         | PA                        |
| ENSURE PLUS                                         | PA                        |
| ENSURE PLUS HIGH PROTEIN                            | PA                        |
| ENSURE PUDDING                                      | PA                        |
| EO28 SPLASH ORAL LIQUID                             | PA                        |
| HI-CAL                                              | PA                        |
| HIGH-PROTEIN NUTRITIONAL SHAKE                      | PA                        |

| Product Description                                                          | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------|---------------------------|
| ISOSOURCE 1.5 CAL                                                            | PA                        |
| ISOSOURCE HN                                                                 | PA                        |
| JEVITY 1 CAL                                                                 | PA                        |
| JEVITY 1.2 CAL                                                               | PA                        |
| JEVITY 1.5 CAL                                                               | PA                        |
| K-PAX IMMUNE BOOSTER                                                         | PA                        |
| MONOGEN ORAL POWDER                                                          | PA                        |
| NUTRA PRO HIGH PROTEIN                                                       | PA                        |
| NUTRAFIT                                                                     | PA                        |
| NUTRAFIT PLUS                                                                | PA                        |
| NUTRITIONAL DRINK                                                            | PA                        |
| NUTRITIONAL DRINK PLUS                                                       | PA                        |
| NUTRITIONAL SHAKE ORAL LIQUID                                                | PA                        |
| NUTRITIONAL SHAKE ORAL LIQUID 0.04-0.93 GRAM-KCAL/ML, 0.04-1.05 GRAM-KCAL/ML | PA                        |
| NUTRITIONAL SHAKE PLUS                                                       | PA                        |
| ORGANIC PEDIASMART                                                           | PA                        |
| PEDIASURE                                                                    | PA                        |
| PEDIASURE ENTERAL                                                            | PA                        |
| PEDIASURE ENTERAL W/FIBER 1.0                                                | PA                        |
| PEDIASURE GROW-GAIN                                                          | PA                        |
| PEDIASURE GROW-GAIN ORGANIC                                                  | PA                        |
| PEDIASURE GROW-GAIN WITH FIBER                                               | PA                        |
| PEDIASURE HARVEST                                                            | PA                        |
| PEDIASURE REDUCED CALORIE                                                    | PA                        |
| PEDIASURE SHAKE MIX                                                          | PA                        |
| PEDIASURE SIDEKICKS                                                          | PA                        |
| PEDIASURE SIDEKICKS CLEAR                                                    | PA                        |
| PEDIASURE WITH FIBER                                                         | PA                        |
| PROCEED PLUS                                                                 | PA                        |
| SIMILAC GO AND GROW NON-GMO                                                  | PA                        |
| SIMILAC GO AND GROW ORAL POWDER 4-8-16 GRAM/150 KCAL                         | PA                        |
| SIMILAC GO AND GROW SENSITIVE                                                | PA                        |
| SIMILAC GO-GROW SENSTV NON-GMO                                               | PA                        |
| TWOCAL HN                                                                    | PA                        |
| ULTRAMINO                                                                    | PA                        |
| <b>DIETARY PRODUCT - INFANT FORMULAS</b>                                     |                           |
| ADVANTAGE WITH IRON                                                          | PA                        |
| ADVANTAGE WITH IRON NON-GMO                                                  | PA                        |
| ALFAMINO INFANT                                                              | PA                        |
| BCAD 1                                                                       | PA                        |
| CALCILO XD                                                                   | PA                        |
| CYCLINEX-1                                                                   | PA                        |
| ELECARE INFANT FORMULA                                                       | PA                        |
| ENFAMIL 24                                                                   | PA                        |
| ENFAMIL A.R.                                                                 | PA                        |
| ENFAMIL ENSPIRE GENTLEASE                                                    | PA                        |
| ENFAMIL ENSPIRE INFANT FORMULA                                               | PA                        |
| ENFAMIL GENTLEASE                                                            | PA                        |
| ENFAMIL HUMAN MILK FORTIFIER ORAL LIQUID IN PACKET                           | PA                        |
| ENFAMIL HUMAN MILK FORTIFIER ORAL POWDER IN PACKET                           | PA                        |

| Product Description                                               | Limits/Restrictions/Notes |
|-------------------------------------------------------------------|---------------------------|
| ENFAMIL INFANT                                                    | PA                        |
| ENFAMIL NEURO ENFACARE NON-GMO                                    | PA                        |
| ENFAMIL NEURO GENTLEASE NONGMO ORAL LIQUID                        | PA                        |
| ENFAMIL NEURO GENTLEASE NONGMO ORAL POWDER                        | PA                        |
| ENFAMIL NEURO SENSITIVE NONGMO                                    | PA                        |
| ENFAMIL NEUROPRO NON-GMO                                          | PA                        |
| ENFAMIL PREMATURE 20                                              | PA                        |
| ENFAMIL PREMATURE 24                                              | PA                        |
| ENFAMIL PREMATURE 30                                              | PA                        |
| ENFAMIL PROSOBEE                                                  | PA                        |
| ENFAMIL PROSOBEE LIPIL                                            | PA                        |
| ENFAMIL REGULINE                                                  | PA                        |
| ENFAPORT                                                          | PA                        |
| FORTINI INFANT                                                    | PA                        |
| GA-1 ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM   | PA                        |
| GENTLE INFANT FORMULA                                             | PA                        |
| GERBER EXTENSIVE HA                                               | PA                        |
| GERBER GOOD START GENTLE NOGMO                                    | PA                        |
| GERBER GOOD START GENTLEPRO                                       | PA                        |
| GERBER GOOD START SOY                                             | PA                        |
| GERBER GOOD START SOY NO-GMO                                      | PA                        |
| GERBER GOOD STR SOOTHPRO NOGMO                                    | PA                        |
| GERBER GS GNTLPR NOGMO(B.LACT)                                    | PA                        |
| GLUTAREX-1                                                        | PA                        |
| HCU ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM    | PA                        |
| HCY 1 POWDER                                                      | PA                        |
| HOMINEX-1                                                         | PA                        |
| INFANT FORMULA WITH IRON                                          | PA                        |
| ISOMIL ADVANCE                                                    | PA                        |
| ISOMIL DF                                                         | PA                        |
| ISOMIL/IRON                                                       | PA                        |
| IVA ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM    | PA                        |
| IVA ANAMIX NEXT                                                   | PA                        |
| I-VALEX-1                                                         | PA                        |
| KETONEX-1                                                         | PA                        |
| MMA-PA ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM | PA                        |
| MMA-PA ANAMIX NEXT                                                | PA                        |
| MSUD ANALOG                                                       | PA                        |
| MSUD ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM   | PA                        |
| NEOCATE INFANT DHA-ARA                                            | PA                        |
| NEOCATE SYNEO INFANT                                              | PA                        |
| NUTRAMIGEN DHA-ARA                                                | PA                        |
| NUTRAMIGEN TODDLER ENFLORA-LGG                                    | PA                        |
| NUTRAMIGEN WITH ENFLORA LGG                                       | PA                        |
| OA 1 POWDER                                                       | PA                        |
| PEPTICATE                                                         | PA                        |
| PFD TODDLER                                                       | PA                        |
| PHENEX-1                                                          | PA                        |
| PREGESTIMIL                                                       | PA                        |
| PREMIUM INFANT FORMULA                                            | PA                        |

| Product Description                                                                                 | Limits/Restrictions/Notes |
|-----------------------------------------------------------------------------------------------------|---------------------------|
| PRODUCT 3232A                                                                                       | PA                        |
| PRO-PHREE                                                                                           | PA                        |
| PROPIMEX-1                                                                                          | PA                        |
| PURAMINO DHA-ARA                                                                                    | PA                        |
| PURE BLISS NON-GMO                                                                                  | PA                        |
| RCF SOY PROTEIN FORMULA BASE                                                                        | PA                        |
| SENSITIVITY WITH IRON                                                                               | PA                        |
| SIMILAC ADVANCE                                                                                     | PA                        |
| SIMILAC ADVANCE LAMEHADRIIN                                                                         | PA                        |
| SIMILAC ADVANCE NON-GMO                                                                             | PA                        |
| SIMILAC ADVANCE ORGANIC ORAL LIQUID                                                                 | PA                        |
| SIMILAC ADVANCE ORGANIC ORAL POWDER                                                                 | PA                        |
| SIMILAC ADVANCE WITH IRON                                                                           | PA                        |
| SIMILAC ALIMENTUM                                                                                   | PA                        |
| SIMILAC EXPERT CARE                                                                                 | PA                        |
| SIMILAC EXPERT CARE ALIMENTUM                                                                       | PA                        |
| SIMILAC FOR SPIT-UP                                                                                 | PA                        |
| SIMILAC GO AND GROW ORAL POWDER 3 GRAM-5.4 GRAM/100 KCAL                                            | PA                        |
| SIMILAC GO AND GROW SOY                                                                             | PA                        |
| SIMILAC HUMAN MILK FORTIFIER ORAL LIQUID IN PACKET 0.349-6.85 GRAM-KCAL/5 ML, 0.5 GRAM- 7 KCAL/5 ML | PA                        |
| SIMILAC HUMAN MILK FORTIFIER ORAL POWDER IN PACKET                                                  | PA                        |
| SIMILAC LOW-IRON                                                                                    | PA                        |
| SIMILAC NEOSURE                                                                                     | PA                        |
| SIMILAC ORGANIC A2 MILK NO-GMO                                                                      | PA                        |
| SIMILAC PM                                                                                          | PA                        |
| SIMILAC PRO-ADVANCE NON-GMO                                                                         | PA                        |
| SIMILAC PRO-SENSITIVE NON-GMO                                                                       | PA                        |
| SIMILAC PRO-TOTAL CMFT NON-GMO ORAL POWDER                                                          | PA                        |
| SIMILAC SENSITIVE FUSS AND GAS ORAL CONCENTRATE                                                     | PA                        |
| SIMILAC SENSITIVE FUSS AND GAS ORAL LIQUID                                                          | PA                        |
| SIMILAC SENSITIVE FUSS AND GAS ORAL POWDER                                                          | PA                        |
| SIMILAC SENSITIVE FUSS-GAS                                                                          | PA                        |
| SIMILAC SENSITIVE ISOMIL SOY                                                                        | PA                        |
| SIMILAC SOY ISOMIL                                                                                  | PA                        |
| SIMILAC SPECIAL CARE 24                                                                             | PA                        |
| SIMILAC SPECIAL CARE 30                                                                             | PA                        |
| SIMILAC SUPPLEMENTATION                                                                             | PA                        |
| SIMILAC TOTAL COMFORT                                                                               | PA                        |
| SIMILAC TOTAL COMFORT NON-GMO                                                                       | PA                        |
| SIMILAC WITH IRON                                                                                   | PA                        |
| SOD ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM                                      | PA                        |
| TODDLER BEGINNINGS                                                                                  | PA                        |
| TYR ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM                                      | PA                        |
| TYREX-1                                                                                             | PA                        |
| TYROS 1                                                                                             | PA                        |
| WND 1                                                                                               | PA                        |
| XLEU ANALOG                                                                                         | PA                        |
| XLYS- XTRP ANALOG                                                                                   | PA                        |
| XMET ANALOG                                                                                         | PA                        |

| Product Description                                                               | Limits/Restrictions/Notes |
|-----------------------------------------------------------------------------------|---------------------------|
| XMTVI ANALOG                                                                      | PA                        |
| XPHE, XTYR ANALOG                                                                 | PA                        |
| XPTM ANALOG                                                                       | PA                        |
| <b>DILUENTS - STERILE WATER FOR INJECTION</b>                                     |                           |
| water for injection, sterile injection                                            |                           |
| <b>ELECTROLYTE DEPLETERS - ION EXCHANGE RESIN</b>                                 |                           |
| KIONEX (WITH SORBITOL)                                                            |                           |
| sodium polystyrene sulfonate oral powder                                          |                           |
| SPS (WITH SORBITOL)                                                               |                           |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM                                             | QL                        |
| <b>IRRIGATION SOLUTIONS</b>                                                       |                           |
| sodium chloride                                                                   |                           |
| water for irrigation, sterile                                                     |                           |
| <b>MINERALS AND ELECTROLYTES - BICARBONATE PRODUCING OR CONTAINING AGENTS</b>     |                           |
| sodium bicarbonate intravenous solution                                           |                           |
| sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)                       |                           |
| <b>MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT</b>                            |                           |
| calcium carbonate oral suspension                                                 |                           |
| OYSTER SHELL CALCIUM 500                                                          |                           |
| <b>MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT/VITAMIN D COMBINATIONS</b>     |                           |
| OYSCO 500/D                                                                       |                           |
| OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG-5 MCG (200 UNIT)                   |                           |
| <b>MINERALS AND ELECTROLYTES - IODINE</b>                                         |                           |
| SSKI                                                                              |                           |
| <b>MINERALS AND ELECTROLYTES - IRON</b>                                           |                           |
| ACCRUFER                                                                          | PA; QL                    |
| FER-IN-SOL                                                                        | QL                        |
| FEROSUL                                                                           |                           |
| FERRO-TIME                                                                        |                           |
| ferrous gluconate oral tablet 324 mg (38 mg iron)                                 |                           |
| ferrous sulfate oral drops                                                        | QL                        |
| ferrous sulfate oral solution                                                     |                           |
| ferrous sulfate oral tablet, delayed release (dr/ec)                              |                           |
| <b>MINERALS AND ELECTROLYTES - MAGNESIUM</b>                                      |                           |
| MAG 64                                                                            |                           |
| magnesium oxide oral tablet 400 mg (241.3 mg magnesium), 420 mg, 500 mg magnesium |                           |
| <b>MINERALS AND ELECTROLYTES - ORAL ELECTROLYTES</b>                              |                           |
| PEDIALYTE FREEZER POPS                                                            |                           |
| PEDIALYTE ORAL SOLUTION                                                           |                           |
| PEDIALYTE SINGLES                                                                 |                           |
| <b>MINERALS AND ELECTROLYTES - PHOSPHATE</b>                                      |                           |
| K-PHOS-NEUTRAL                                                                    |                           |
| potassium phosphate m-/d-basic intravenous solution 3 mmol/ml                     |                           |
| sodium phosphate                                                                  |                           |
| <b>MINERALS AND ELECTROLYTES - POTASSIUM, ORAL</b>                                |                           |
| EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ                                          |                           |
| KLOR-CON                                                                          |                           |
| KLOR-CON 10                                                                       |                           |
| KLOR-CON 8                                                                        |                           |
| KLOR-CON M10                                                                      |                           |

| Product Description                                                        | Limits/Restrictions/Notes |
|----------------------------------------------------------------------------|---------------------------|
| KLOR-CON M15                                                               |                           |
| KLOR-CON M20                                                               |                           |
| potassium chloride oral capsule, extended release                          |                           |
| potassium chloride oral liquid                                             |                           |
| potassium chloride oral packet                                             |                           |
| potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq      |                           |
| potassium chloride oral tablet extended release 15 meq                     |                           |
| potassium chloride oral tablet, er particles/crystals                      |                           |
| <b>MINERALS AND ELECTROLYTES - SODIUM CHLORIDE, ORAL</b>                   |                           |
| sodium chloride                                                            |                           |
| <b>MULTIVITAMIN AND MINERAL COMBINATIONS</b>                               |                           |
| CERTAVITE SENIOR                                                           |                           |
| FOLIVANE-OB                                                                |                           |
| K-PAX                                                                      | PA                        |
| OCUVITE WITH LUTEIN                                                        |                           |
| PNV-OMEGA                                                                  |                           |
| TARON-C DHA                                                                |                           |
| ZATEAN-PN PLUS                                                             |                           |
| <b>MULTIVITAMINS</b>                                                       |                           |
| CERTAVITE-ANTIOXIDANT                                                      |                           |
| ONCOVITE                                                                   |                           |
| PNV-DHA                                                                    |                           |
| PRENATAL-U                                                                 |                           |
| TAB-A-VITE                                                                 |                           |
| THERA                                                                      |                           |
| WESCAP-PN DHA                                                              |                           |
| ZATEAN-PN DHA                                                              |                           |
| <b>NUTRITIONAL PRODUCT - CARBOHYDRATES, ORAL</b>                           |                           |
| ENFAMIL GLUCOSE                                                            | PA                        |
| ENSURE PRE-SURGERY                                                         | PA                        |
| PREOP                                                                      | PA                        |
| SOL CARB                                                                   | PA                        |
| <b>NUTRITIONAL PRODUCT - CHYLOTHORAX OR LCHAD SPECIFIC FORMULATION</b>     |                           |
| ENFAPORT                                                                   | PA                        |
| <b>NUTRITIONAL PRODUCT - GLUTARIC ACIDURIA TYPE 1 SPECIFIC FORMULATION</b> |                           |
| GA EXPRESS 15                                                              | PA                        |
| GA GEL                                                                     | PA                        |
| GA POWDER                                                                  | PA                        |
| GA-1 ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM            | PA                        |
| GLUTARADE AMINO ACID BLEND                                                 | PA                        |
| GLUTARADE GA-1                                                             | PA                        |
| GLUTARADE JUNIOR                                                           | PA                        |
| GLUTAREX-1                                                                 | PA                        |
| GLUTAREX-2                                                                 | PA                        |
| XLYS- XTRP ANALOG                                                          | PA                        |
| XLYS, XTRP MAXAMAID                                                        | PA                        |
| XLYS, XTRP MAXAMUM                                                         | PA                        |
| <b>NUTRITIONAL PRODUCT - GLYCOGEN STORAGE DISEASE SPECIFIC FORMULATION</b> |                           |
| GLYCOSADE ORAL POWDER IN PACKET 212 KCAL/60 GRAM                           | PA                        |

| Product Description                                                   | Limits/Restrictions/Notes |
|-----------------------------------------------------------------------|---------------------------|
| <b>NUTRITIONAL PRODUCT - ISOVALERIC ACIDEMIA SPECIFIC FORMULATION</b> |                           |
| IVA ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM        | PA                        |
| IVA ANAMIX NEXT                                                       | PA                        |
| IVA MAXAMUM                                                           | PA                        |
| I-VALEX-1                                                             | PA                        |
| I-VALEX-2                                                             | PA                        |
| LMD POWDER                                                            | PA                        |
| XLEU ANALOG                                                           | PA                        |
| XLEU MAXAMAID                                                         | PA                        |
| <b>NUTRITIONAL PRODUCT - KETOGENIC FORMULATION</b>                    |                           |
| CYTO RALA                                                             | PA                        |
| KETOCAL 2.5:1                                                         | PA                        |
| KETOCAL 3:1                                                           | PA                        |
| KETOCAL 4:1                                                           | PA                        |
| KETOCAL 4:1 (MILK-SOY)                                                | PA                        |
| KETOVIE                                                               | PA                        |
| KETOVIE 3:1                                                           | PA                        |
| KETOVIE PEPTIDE 4:1                                                   | PA                        |
| KETOVIE PLANT-BASED 4:1                                               | PA                        |
| KETOVOLVE                                                             | PA                        |
| NEOKE BCAA4                                                           | PA                        |
| <b>NUTRITIONAL PRODUCT - LIPID OTHERS</b>                             |                           |
| DOJOLVI                                                               | PA; QL; MS                |
| <b>NUTRITIONAL PRODUCT - MEDICAL CONDITION SPECIFIC FORMULATION</b>   |                           |
| CHOLEXTRA T-F                                                         | PA                        |
| glutamine (sickle cell)                                               | PA; QL; MS                |
| <b>NUTRITIONAL PRODUCT - METHIONINE-FREE SPECIFIC FORMULATION</b>     |                           |
| HCU ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM        | PA                        |
| HCU ANAMIX NEXT                                                       | PA                        |
| HCU EXPRESS15 PLUS                                                    | PA                        |
| HCU EXPRESS20 PLUS                                                    | PA                        |
| HCU GEL POWDER                                                        | PA                        |
| HCU LOPHLEX                                                           | PA                        |
| HCU MAXAMUM                                                           | PA                        |
| HCY 1 POWDER                                                          | PA                        |
| HCY 2                                                                 | PA                        |
| HOMINEX-1                                                             | PA                        |
| HOMINEX-2                                                             | PA                        |
| METHIONAID                                                            | PA                        |
| XMET ANALOG                                                           | PA                        |
| XMET MAXAMAID                                                         | PA                        |
| <b>NUTRITIONAL PRODUCT - MSUD SPECIFIC FORMULATION</b>                |                           |
| ACERFLEX                                                              | PA                        |
| BCAD 1                                                                | PA                        |
| BCAD 2                                                                | PA                        |
| COMPLEX ESSENTIAL                                                     | PA                        |
| COMPLEX JUNIOR MSD                                                    | PA                        |
| COMPLEX MSD AMINO ACID BLEND ORAL POWDER 10-42 GRAM-KCAL/13 G         | PA                        |
| ISOLEUCINE 1000                                                       | PA                        |
| KETONEX-1                                                             | PA                        |

| Product Description                                             | Limits/Restrictions/Notes |
|-----------------------------------------------------------------|---------------------------|
| KETONEX-2                                                       | PA                        |
| METHIONINE                                                      | PA                        |
| MSUD AID                                                        | PA                        |
| MSUD ANALOG                                                     | PA                        |
| MSUD ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM | PA                        |
| MSUD EXPRESS15 PLUS                                             | PA                        |
| MSUD EXPRESS20 PLUS                                             | PA                        |
| MSUD GEL POWDER                                                 | PA                        |
| MSUD LOPHLEX                                                    | PA                        |
| MSUD MAXAMID                                                    | PA                        |
| MSUD MAXAMUM                                                    | PA                        |
| <b>NUTRITIONAL PRODUCT - NUTRITIONAL THERAPY</b>                |                           |
| ALFAMINO JUNIOR                                                 | PA                        |
| BCAD 1                                                          | PA                        |
| BOOST GLUCOSE CONTROL ORAL LIQUID 0.07-0.8 GRAM-KCAL/ML         | PA                        |
| BOOST MAX                                                       | PA                        |
| COMPLEAT                                                        | PA                        |
| COMPLEAT ORGANIC BLEND CHICKEN                                  | PA                        |
| COMPLEAT ORGANIC BLENDS PLANT                                   | PA                        |
| COMPLEAT PED ORG BLEND CHICKEN                                  | PA                        |
| COMPLEAT PED ORG BLENDS PLANT                                   | PA                        |
| COMPLEAT PEDIATRIC PEPTIDE 1.5                                  | PA                        |
| COMPLEAT PEPTIDE 1.5                                            | PA                        |
| DIABETISOURCE AC                                                | PA                        |
| ELECARE JR ORAL POWDER 14.3 GRAM-469 KCAL/100 GRAM              | PA                        |
| ENCALA                                                          | PA                        |
| ENSURE CLEAR THERAPEUTIC                                        | PA                        |
| ENSURE PLANT-BASED PROTEIN                                      | PA                        |
| ENSURE SURGERY                                                  | PA                        |
| ENU NUTRITION SHAKE                                             | PA                        |
| EO28 SPLASH ORAL LIQUID 0.025-1 GRAM-KCAL/ML                    | PA                        |
| EQUACARE JR                                                     | PA                        |
| ESSENTIAL CARE JR ORAL POWDER                                   | PA                        |
| FIBERSOURCE HN                                                  | PA                        |
| GLUCERNA 1 CAL                                                  | PA                        |
| GLUCERNA 1.2 CAL                                                | PA                        |
| GLUCERNA 1.5 CAL                                                | PA                        |
| GLUCERNA ADVANCE                                                | PA                        |
| GLUCERNA HUNGER SMART                                           | PA                        |
| GLUCERNA SHAKE                                                  | PA                        |
| GLUCERNA SNACK SHAKE                                            | PA                        |
| GLUCERNA THERAPEUTIC NUTRITION                                  | PA                        |
| GLUTAREX-1                                                      | PA                        |
| GLUTAREX-2                                                      | PA                        |
| IMPACT ADVANCED RECOVERY                                        | PA                        |
| IMPACT PEPTIDE 1.5 CAL                                          | PA                        |
| KATE FARMS GLUCOSE SUPPORT 1.2                                  | PA                        |
| KATE FARMS PEDIATRIC PEPT 1.0                                   | PA                        |
| KATE FARMS PEDIATRIC PEPT 1.5                                   | PA                        |
| KATE FARMS PEDIATRIC STAND 1.2                                  | PA                        |

| Product Description                             | Limits/Restrictions/Notes |
|-------------------------------------------------|---------------------------|
| KATE FARMS PEPTIDE 1.0                          | PA                        |
| KATE FARMS PEPTIDE 1.5                          | PA                        |
| KATE FARMS RENAL SUPPORT 1.8                    | PA                        |
| KATE FARMS STANDARD 1.0                         | PA                        |
| KATE FARMS STANDARD 1.4                         | PA                        |
| MONOGEN ORAL POWDER 12.9 GRAM-444 KCAL/100 GRAM | PA                        |
| NEOCATE JUNIOR                                  | PA                        |
| NEOCATE JUNIOR WITH PREBIOTICS                  | PA                        |
| NEOCATE NUTRA                                   | PA                        |
| NEOCATE SPLASH                                  | PA                        |
| NEPRO CARB STEADY                               | PA                        |
| NOVASOURCE RENAL 2 CAL                          | PA                        |
| NUTREN 1.0 WITH FIBER                           | PA                        |
| NUTREN 1.5                                      | PA                        |
| NUTREN 2.0                                      | PA                        |
| NUTREN JUNIOR                                   | PA                        |
| NUTREN JUNIOR FIBER                             | PA                        |
| OSMOLITE 1 CAL                                  | PA                        |
| OSMOLITE 1.2 CAL                                | PA                        |
| OSMOLITE 1.5 CAL                                | PA                        |
| OXEPA                                           | PA                        |
| PEDIASURE PEPTIDE 1.0 CAL                       | PA                        |
| PEDIASURE PEPTIDE 1.5 CAL                       | PA                        |
| PEPTAMEN                                        | PA                        |
| PEPTAMEN 1.5                                    | PA                        |
| PEPTAMEN 1.5 CAL WITH PREBIO1                   | PA                        |
| PEPTAMEN AF                                     | PA                        |
| PEPTAMEN INTENSE VHP                            | PA                        |
| PEPTAMEN JUNIOR                                 | PA                        |
| PEPTAMEN JUNIOR 1.5                             | PA                        |
| PEPTAMEN JUNIOR FIBER                           | PA                        |
| PEPTAMEN JUNIOR HP                              | PA                        |
| PEPTAMEN JUNIOR PHGG                            | PA                        |
| PEPTAMEN W-PREBIO1                              | PA                        |
| PERATIVE                                        | PA                        |
| PFD 2                                           | PA                        |
| PIVOT 1.5 CAL                                   | PA                        |
| POLYCAL                                         | PA                        |
| PORTAGEN                                        | PA                        |
| PROMOTE                                         | PA                        |
| PROMOTE WITH FIBER                              | PA                        |
| PROVIMIN                                        | PA                        |
| PULMOCARE                                       | PA                        |
| PURAMINO JR                                     | PA                        |
| RENA STEP                                       | PA                        |
| RENAMENT ORAL POWDER IN PACKET                  | PA                        |
| SUPLINA CARB STEADY                             | PA                        |
| TOLEREX                                         | PA                        |
| ULTRIENT 1.5                                    | PA                        |
| VITAL 1.0 CAL                                   | PA                        |

| Product Description                                                                            | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------------------------|---------------------------|
| VITAL 1.5 CAL                                                                                  | PA                        |
| VITAL AF 1.2 CAL                                                                               | PA                        |
| VITAL HIGH PROTEIN                                                                             | PA                        |
| VITAL PEPTIDE 1.5 CAL                                                                          | PA                        |
| VIVONEX PEDIATRIC ORAL POWDER IN PACKET                                                        | PA                        |
| VIVONEX PLUS                                                                                   | PA                        |
| VIVONEX RTF                                                                                    | PA                        |
| VIVONEX T.E.N.                                                                                 | PA                        |
| XMET XCYS MAXAMAID                                                                             | PA                        |
| XTRACAL PLUS                                                                                   | PA                        |
| <b>NUTRITIONAL PRODUCT - PHENYLKETONURIA (PKU) SPECIFIC FORMULATION</b>                        |                           |
| GLYTACTIN BETTERMILK 15-15                                                                     | PA                        |
| GLYTACTIN BUILD 10-10                                                                          | PA                        |
| GLYTACTIN BUILD 20-20                                                                          | PA                        |
| GLYTACTIN RESTORE 10 PE                                                                        | PA                        |
| GLYTACTIN RESTORE 10 PE LITE                                                                   | PA                        |
| GLYTACTIN RESTORE 5 PE                                                                         | PA                        |
| GLYTACTIN RTD 10 PE                                                                            | PA                        |
| GLYTACTIN RTD 15 PE                                                                            | PA                        |
| GLYTACTIN RTD LITE 15                                                                          | PA                        |
| GLYTACTIN SWIRL 15 PE                                                                          | PA                        |
| LANAFLEX                                                                                       | PA                        |
| LOPHLEX                                                                                        | PA                        |
| PERIFLEX ADVANCE                                                                               | PA                        |
| PERIFLEX INFANT                                                                                | PA                        |
| PERIFLEX JUNIOR                                                                                | PA                        |
| PERIFLEX LQ PKU                                                                                | PA                        |
| PHENEX-1                                                                                       | PA                        |
| PHENEX-2                                                                                       | PA                        |
| PHENYLADE 40                                                                                   | PA                        |
| PHENYLADE 60 ORAL POWDER 60-295 GRAM-KCAL/100G, 60-327 GRAM-KCAL/100 G                         | PA                        |
| PHENYLADE 60 ORAL POWDER IN PACKET                                                             | PA                        |
| PHENYLADE AMINO ACIDS                                                                          | PA                        |
| PHENYLADE ESSENTIAL (FLAX)                                                                     | PA                        |
| PHENYLADE GMP                                                                                  | PA                        |
| PHENYLADE GMP MIX-IN ORAL POWDER 80 GRAM-334 KCAL/100 GRAM                                     | PA                        |
| PHENYLADE GMP MIX-IN ORAL POWDER IN PACKET 80 GRAM-334 KCAL/100 GRAM                           | PA                        |
| PHENYLADE GMP READY                                                                            | PA                        |
| PHENYLADE GMP ULTRA ORAL POWDER IN PACKET 60 GRAM-295 KCAL/100 GRAM, 60 GRAM-321 KCAL/100 GRAM | PA                        |
| PHENYLADE MTE AMINO ACIDS ORAL POWDER 10-42 GRAM-KCAL/13 G                                     | PA                        |
| PHENYLADE MTE AMINO ACIDS ORAL POWDER IN PACKET                                                | PA                        |
| PHENYLADE PHEBLOC ORAL POWDER IN PACKET                                                        | PA                        |
| PHENYL-FREE 1                                                                                  | PA                        |
| PHENYL-FREE 2 PKU                                                                              | PA                        |
| PHENYL-FREE 2HP PKU                                                                            | PA                        |
| PHLEXY-10 DRINK MIX POWDER                                                                     | PA                        |
| PKU EXPRESS15 PLUS                                                                             | PA                        |
| PKU EXPRESS20 PLUS                                                                             | PA                        |
| PKU LOPHLEX                                                                                    | PA                        |

| Product Description                                                  | Limits/Restrictions/Notes |
|----------------------------------------------------------------------|---------------------------|
| PKU PERIFLEX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM     | PA                        |
| PKU PERIFLEX JUNIOR PLUS                                             | PA                        |
| PKU SPHERE15                                                         | PA                        |
| PKU SPHERE20                                                         | PA                        |
| XPHE MAXAMAID                                                        | PA                        |
| XPHE MAXAMUM                                                         | PA                        |
| <b>NUTRITIONAL PRODUCT - PROPIONIC ACIDEMIA SPECIFIC FORMULATION</b> |                           |
| MMA-PA ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM    | PA                        |
| MMA-PA ANAMIX NEXT                                                   | PA                        |
| MMA-PA GEL                                                           | PA                        |
| MMA-PA MAXAMUM                                                       | PA                        |
| OA 1 POWDER                                                          | PA                        |
| OA2 POWDER                                                           | PA                        |
| PROPIMEX-1                                                           | PA                        |
| PROPIMEX-2                                                           | PA                        |
| XMTVI ANALOG                                                         | PA                        |
| XMTVI MAXAMAID                                                       | PA                        |
| <b>NUTRITIONAL PRODUCT - PROTEIN REPLACEMENTS</b>                    |                           |
| BENEPROTEIN ORAL POWDER                                              | PA                        |
| BENEPROTEIN ORAL POWDER IN PACKET                                    | PA                        |
| DECUB-AMINE                                                          | PA                        |
| ENSURE HIGH PROTEIN ORAL POWDER                                      | PA                        |
| G-PREPROTEIN                                                         | PA                        |
| IMMULIFE                                                             | PA                        |
| JUVEN                                                                | PA                        |
| JUVEN (WITH COLLAGEN)                                                | PA                        |
| LIQUACEL                                                             | PA                        |
| LIQUID PROTEIN FORTIFIER                                             | PA                        |
| LPS NEUTRAL FLAVOR                                                   | PA                        |
| NUTRITIONAL DRINK MIX                                                | PA                        |
| PRE PROTEIN 20                                                       | PA                        |
| PRE-PROTEIN                                                          | PA                        |
| PROCEL                                                               | PA                        |
| PROCEL SINGLES                                                       | PA                        |
| PROMOD PROTEIN                                                       | PA                        |
| PROSOURCE NO CARB                                                    | PA                        |
| PROSOURCE ORAL LIQUID                                                | PA                        |
| PROSOURCE ORAL PACKET                                                | PA                        |
| PROSOURCE ORAL POWDER                                                | PA                        |
| PROSOURCE PLUS                                                       | PA                        |
| PROSOURCE TF                                                         | PA                        |
| PROSOURCE TF 20                                                      | PA                        |
| PROSOURCE ZAC                                                        | PA                        |
| PRO-STAT AWC                                                         | PA                        |
| PRO-STAT MAX ORAL LIQUID                                             | PA                        |
| PRO-STAT RENAL CARE                                                  | PA                        |
| PRO-STAT SUGAR FREE                                                  | PA                        |
| PROSYNMINIC                                                          | PA                        |
| protein oral powder                                                  | PA                        |
| PROTEINEX                                                            | PA                        |

| Product Description                                                          | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------|---------------------------|
| PROTEINEX-18                                                                 | PA                        |
| UNJURY ORAL POWDER                                                           | PA                        |
| WHEY PROTEIN                                                                 | PA                        |
| whey protein concentrate                                                     | PA                        |
| <b>NUTRITIONAL PRODUCT - SULFITE OXIDASE DEFICIENCY SPECIFIC FORMULATION</b> |                           |
| SOD ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM               | PA                        |
| XMET XCYS MAXAMAID                                                           | PA                        |
| <b>NUTRITIONAL PRODUCT - TYROSINEMIA SPECIFIC FORMULATION</b>                |                           |
| TYLACTIN BUILD 20 PE                                                         | PA                        |
| TYLACTIN RESTORE 10 PE                                                       | PA                        |
| TYLACTIN RESTORE 5 PE                                                        | PA                        |
| TYLACTIN RTD 15 PE                                                           | PA                        |
| TYR ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM               | PA                        |
| TYR ANAMIX NEXT                                                              | PA                        |
| TYR EXPRESS15 PLUS                                                           | PA                        |
| TYR EXPRESS20 PLUS                                                           | PA                        |
| TYR GEL POWDER                                                               | PA                        |
| TYR LOPHLEX                                                                  | PA                        |
| TYR LOPHLEX GMP MIX-IN                                                       | PA                        |
| TYREX-1                                                                      | PA                        |
| TYREX-2                                                                      | PA                        |
| TYROS 1                                                                      | PA                        |
| TYROS 2                                                                      | PA                        |
| XPHE, XTRP MAXAMAID                                                          | PA                        |
| XPHE, XTyr ANALOG                                                            | PA                        |
| XPTM ANALOG                                                                  | PA                        |
| <b>NUTRITIONAL PRODUCT - UREA CYCLE DISORDER SPECIFIC FORMULATION</b>        |                           |
| CYCLINEX-1                                                                   | PA                        |
| CYCLINEX-2                                                                   | PA                        |
| ESSENTIAL AMINO ACID MIX                                                     | PA                        |
| UCD ANAMIX JUNIOR                                                            | PA                        |
| WND 1                                                                        | PA                        |
| WND 2                                                                        | PA                        |
| <b>PEDIATRIC VITAMINS</b>                                                    |                           |
| POLY-VI-SOL ORAL DROPS                                                       |                           |
| TRI-VI-SOL                                                                   |                           |
| <b>PEDIATRIC VITAMINS AND MINERAL COMBINATIONS</b>                           |                           |
| POLY-VI-SOL WITH IRON                                                        |                           |
| <b>PRENATAL VITAMINS AND MINERALS</b>                                        |                           |
| BAL-CARE DHA                                                                 |                           |
| C-NATE DHA                                                                   |                           |
| COMPLETE NATAL DHA                                                           |                           |
| M-NATAL PLUS                                                                 |                           |
| MYNATAL                                                                      |                           |
| MYNATAL PLUS                                                                 |                           |
| MYNATAL-Z                                                                    |                           |
| NEO-VITAL RX                                                                 |                           |
| NEWGEN                                                                       |                           |
| ONE NATAL RX                                                                 |                           |
| PNV-SELECT                                                                   |                           |

| Product Description                                              | Limits/Restrictions/Notes |
|------------------------------------------------------------------|---------------------------|
| PR NATAL 400                                                     |                           |
| PR NATAL 400 EC                                                  |                           |
| PR NATAL 430                                                     |                           |
| PR NATAL 430 EC                                                  |                           |
| PRENATABS FA                                                     |                           |
| PRENATABS RX                                                     |                           |
| PRENATAL 19 ORAL TABLET,CHEWABLE                                 |                           |
| PRENATAL ORAL TABLET 28 MG IRON- 800 MCG                         |                           |
| PRENATAL PLUS                                                    |                           |
| PRENATAL PLUS (CALCIUM CARB)                                     |                           |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG                  |                           |
| PRENATAL VITAMIN PLUS LOW IRON                                   |                           |
| SE-NATAL 19                                                      |                           |
| SE-NATAL 19 CHEWABLE                                             |                           |
| TRINATAL RX 1                                                    |                           |
| TRINATE                                                          |                           |
| VITAFOL-OB                                                       |                           |
| WESNATAL DHA COMPLETE                                            |                           |
| WESNATE DHA                                                      |                           |
| WESTAB PLUS                                                      |                           |
| <b>SODIUM CHLORIDE SOLUTIONS, CONCENTRATED</b>                   |                           |
| sodium chloride intravenous                                      |                           |
| <b>SODIUM CHLORIDE, PARENTERAL</b>                               |                           |
| sodium chloride intravenous                                      |                           |
| <b>STERILE WATER FOR INJECTION</b>                               |                           |
| water for injection, sterile intravenous                         |                           |
| <b>VITAMINS - B PREPARATION COMBINATIONS</b>                     |                           |
| ZINGIBER                                                         |                           |
| <b>VITAMINS - B-12, CYANOCOBALAMIN AND DERIVATIVES</b>           |                           |
| cyanocobalamin (vitamin b-12) injection                          |                           |
| DODEX                                                            |                           |
| <b>VITAMINS - B-6, PYRIDOXINE AND DERIVATIVES</b>                |                           |
| pyridoxine (vitamin b6) injection                                |                           |
| <b>VITAMINS - BIOTIN</b>                                         |                           |
| biotin oral tablet 5 mg                                          |                           |
| MERIBIN                                                          |                           |
| <b>VITAMINS - C, ASCORBIC ACID AND DERIVATIVES</b>               |                           |
| ascorbic acid (vitamin c) oral tablet 250 mg                     |                           |
| <b>VITAMINS - D DERIVATIVES</b>                                  |                           |
| calcitriol oral                                                  |                           |
| cholecalciferol (vitamin d3) oral capsule 50 mcg (2,000 unit)    |                           |
| cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)  |                           |
| cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)     |                           |
| ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit) |                           |
| ergocalciferol (vitamin d2) oral drops                           |                           |
| <b>VITAMINS - FOLIC ACID AND DERIVATIVES</b>                     |                           |
| folic acid injection                                             |                           |
| folic acid oral tablet 1 mg                                      |                           |
| <b>VITAMINS - K, PHYTONADIONE AND DERIVATIVES</b>                |                           |
| phytonadione (vitamin k1) oral tablet 5 mg                       |                           |

| Product Description                                                        | Limits/Restrictions/Notes |
|----------------------------------------------------------------------------|---------------------------|
| <b>ENDOCRINE</b>                                                           |                           |
| <b>ABORTIFACIENTS- PROGESTERONE RECEPTOR ANTAGONIST</b>                    |                           |
| mifepristone oral tablet 200 mg                                            |                           |
| <b>ADRENAL STEROID INHIBITORS</b>                                          |                           |
| ISTURISA ORAL TABLET 1 MG, 5 MG                                            | PA; QL                    |
| <b>ADRENOCORTICOTROPHIC HORMONES</b>                                       |                           |
| ACTHAR                                                                     | PA; QL; MS                |
| ACTHAR SELFJECT                                                            | PA; QL; MS                |
| CORTROPHIN GEL INJECTION                                                   | PA; QL; MS                |
| CORTROPHIN GEL SUBCUTANEOUS SYRINGE 80 UNIT/ML                             | PA; QL; MS                |
| <b>AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)</b>                       |                           |
| BAQSIMI                                                                    | QL                        |
| DEX4 GLUCOSE BITS                                                          |                           |
| DEX4 GLUCOSE ORAL GEL IN PACKET                                            |                           |
| DEX4 GLUCOSE ORAL LIQUID                                                   |                           |
| DEX4 GLUCOSE ORAL TABLET,CHEWABLE                                          |                           |
| DEX4 GLUCOSE POUCH PACK                                                    |                           |
| DEX4 GLUCOSE QUICK DISSOLVE                                                |                           |
| dextrose oral liquid                                                       |                           |
| diazoxide                                                                  |                           |
| GLUCAGON (HCL) EMERGENCY KIT                                               | QL                        |
| GLUCAGON EMERGENCY KIT (HUMAN)                                             | QL                        |
| GLUCO SHOT                                                                 |                           |
| GLUCOSE BITS                                                               |                           |
| GLUCOSE GEL                                                                |                           |
| glucose oral tablet,chewable 3.75 gram, 4 gram                             |                           |
| GLUTOSE-15                                                                 |                           |
| GLUTOSE-45                                                                 |                           |
| GLUTOSE-5                                                                  |                           |
| GVOKE                                                                      | QL                        |
| GVOKE HYPOPEN 1-PACK                                                       | QL                        |
| GVOKE HYPOPEN 2-PACK                                                       | QL                        |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML                  | QL                        |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML                  | QL                        |
| INSTA-GLUCOSE (WITH DEXTRIN)                                               |                           |
| RELION GLUCOSE                                                             |                           |
| TRUEPLUS GLUCOSE ORAL GEL IN PACKET                                        |                           |
| TRUEPLUS GLUCOSE ORAL LIQUID                                               |                           |
| TRUEPLUS GLUCOSE ORAL TABLET,CHEWABLE 3.75 GRAM                            |                           |
| <b>AMYLOIDOSIS AGENTS- TRANSTHYRETIN (TTR) STABILIZER</b>                  |                           |
| VYNDAMAX                                                                   | PA; QL; MS                |
| VYNDAQEL                                                                   | PA; QL; MS                |
| <b>AMYLOIDOSIS AGENTS-TTR SUPPRESSION, ANTISENSE OLIGONUCLEOTIDE-BASED</b> |                           |
| WAINUA                                                                     | PA; QL                    |
| <b>ANDROGEN - SINGLE AGENTS</b>                                            |                           |
| DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML                              |                           |
| testosterone cypionate                                                     |                           |
| testosterone enanthate                                                     |                           |
| <b>ANTIDIURETIC AND VASOPRESSOR HORMONES</b>                               |                           |
| desmopressin injection                                                     | MS                        |

| Product Description                                                                                           | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------------------------|---------------------------|
| desmopressin nasal spray with pump                                                                            |                           |
| desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)                                                    |                           |
| desmopressin oral                                                                                             |                           |
| <b>ANTIHYPERGLYCEMIC - ALPHA-GLUCOSIDASE INHIBITORS</b>                                                       |                           |
| acarbose                                                                                                      |                           |
| miglitol                                                                                                      |                           |
| <b>ANTIHYPERGLYCEMIC - DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>                                          |                           |
| saxagliptin                                                                                                   | QL                        |
| TRADJENTA                                                                                                     | QL                        |
| <b>ANTIHYPERGLYCEMIC - DUAL GIP AND GLP-1 RECEPTOR AGONISTS</b>                                               |                           |
| MOUNJARO                                                                                                      | PA; QL                    |
| <b>ANTIHYPERGLYCEMIC - GLUCAGON-LIKE PEPTIDE-1 (GLP-1) RECEPTOR AGONISTS</b>                                  |                           |
| 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) | PA; QL                    |
| RYBELSUS                                                                                                      | PA; QL                    |
| TRULICITY                                                                                                     | PA; QL                    |
| <b>ANTIHYPERGLYCEMIC - GLUCOCORTICOID (CORTISOL) RECEPTOR BLOCKER (GR-II)</b>                                 |                           |
| mifepristone oral tablet 300 mg                                                                               | PA; QL; MS                |
| <b>ANTIHYPERGLYCEMIC - MEGLITINIDE ANALOGS</b>                                                                |                           |
| nateglinide                                                                                                   |                           |
| repaglinide                                                                                                   |                           |
| <b>ANTIHYPERGLYCEMIC - SGLT-2 INHIBITOR AND BIGUANIDE COMBINATIONS</b>                                        |                           |
| XIGDUO XR                                                                                                     | QL                        |
| <b>ANTIHYPERGLYCEMIC - SGLT-2 INHIBITOR AND DPP-4 INHIBITOR COMBINATIONS</b>                                  |                           |
| GLYXAMBI                                                                                                      | QL                        |
| <b>ANTIHYPERGLYCEMIC - SODIUM GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b>                                  |                           |
| FARXIGA                                                                                                       | QL                        |
| <b>ANTIHYPERGLYCEMIC - SULFONYLUREA AND BIGUANIDE COMBINATIONS</b>                                            |                           |
| glipizide-metformin                                                                                           |                           |
| glyburide-metformin                                                                                           |                           |
| <b>ANTIHYPERGLYCEMIC - SULFONYLUREA DERIVATIVES</b>                                                           |                           |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg                                                                      |                           |
| glipizide oral tablet 10 mg, 5 mg                                                                             |                           |
| glipizide oral tablet 2.5 mg                                                                                  |                           |
| glipizide oral tablet extended release 24hr                                                                   |                           |
| glyburide                                                                                                     |                           |
| glyburide micronized                                                                                          |                           |
| <b>ANTIHYPERGLYCEMIC - THIAZOLIDINEDIONE AND BIGUANIDE COMBINATIONS</b>                                       |                           |
| pioglitazone-metformin                                                                                        |                           |
| <b>ANTIHYPERGLYCEMIC - THIAZOLIDINEDIONE AND SULFONYLUREA COMBINATIONS</b>                                    |                           |
| pioglitazone-glimepiride                                                                                      | QL                        |
| <b>ANTIHYPERGLYCEMIC-DIPEPTIDYL PEPTIDASE-4(DPP-4)INHIBITOR AND BIGUANIDE</b>                                 |                           |
| JENTADUETO                                                                                                    | QL                        |
| JENTADUETO XR                                                                                                 | QL                        |
| saxagliptin-metformin                                                                                         | QL                        |
| <b>ANTIHYPERGLYCEMIC-INSULIN, LONG ACTING AND GLP-1 RECEPTOR AGONIST COMB</b>                                 |                           |
| SOLIQUA 100/33                                                                                                | QL                        |
| XULTOPHY 100/3.6                                                                                              | QL                        |
| <b>ANTIHYPERGLYCEMIC-SGLT-2 INHIBITOR, DPP-4 INHIBITOR AND BIGUANIDE COMB</b>                                 |                           |
| TRIJARDY XR                                                                                                   |                           |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| <b>ANTITHYROID AGENTS, THIONAMIDES - IMIDAZOLE DERIVATIVES</b>                |                           |
| methimazole oral tablet 10 mg, 5 mg                                           |                           |
| <b>ANTITHYROID AGENTS, THIONAMIDES - THIOURACIL DERIVATIVES</b>               |                           |
| propylthiouracil                                                              |                           |
| <b>BONE FORMATION STIMULATING AGENTS - NATRIURETIC PEPTIDE</b>                |                           |
| VOXZOGO                                                                       | PA; QL; MS                |
| <b>BONE FORMATION STIMULATING AGENTS - PARATHYROID HORMONE REL PEPTIDES</b>   |                           |
| TYMLOS                                                                        | PA; QL; MS                |
| <b>BONE RESORPTION INHIBITORS - BISPHOSPHONATES</b>                           |                           |
| alendronate oral solution                                                     |                           |
| alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg                             | QL                        |
| ibandronate oral                                                              | QL                        |
| risedronate oral tablet 150 mg, 35 mg, 5 mg                                   | QL                        |
| risedronate oral tablet, delayed release (dr/ec)                              | QL                        |
| <b>CALCIMIMETIC, PARATHYROID CALCIUM RECEPTOR SENSITIVITY ENHANCER</b>        |                           |
| cinacalcet                                                                    |                           |
| <b>CALCITONINS</b>                                                            |                           |
| calcitonin (salmon) nasal                                                     |                           |
| <b>CORTICOTROPIN-RELEASING FACTOR (CRF) TYPE 1 RECEPTOR ANTAGONISTS</b>       |                           |
| CRENESSITY ORAL CAPSULE 100 MG, 50 MG                                         | PA; QL; S                 |
| CRENESSITY ORAL CAPSULE 25 MG                                                 | PA; QL                    |
| CRENESSITY ORAL SOLUTION                                                      | PA; QL; S                 |
| <b>ESTROGEN AND SELECTIVE ESTROGEN RECEPTOR MODULATOR (SERM) COMBINATIONS</b> |                           |
| DUAVEE                                                                        |                           |
| <b>ESTROGEN-ANDROGEN</b>                                                      |                           |
| COVARYX                                                                       |                           |
| COVARYX H.S.                                                                  |                           |
| EEMT                                                                          |                           |
| EEMT HS                                                                       |                           |
| estrogens-methyltestosterone                                                  |                           |
| <b>ESTROGEN-PROGESTIN</b>                                                     |                           |
| ABIGALE                                                                       |                           |
| ABIGALE LO                                                                    |                           |
| estradiol-norethindrone acet                                                  |                           |
| FYAVOLV                                                                       |                           |
| JINTELI                                                                       |                           |
| MIMVEY                                                                        |                           |
| norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg         |                           |
| PREMPHASE                                                                     |                           |
| PREMPRO                                                                       |                           |
| <b>ESTROGENS</b>                                                              |                           |
| DOTTI                                                                         |                           |
| estradiol oral                                                                |                           |
| estradiol transdermal patch semiweekly                                        |                           |
| estradiol transdermal patch weekly                                            | QL                        |
| LYLLANA                                                                       |                           |
| MENOSTAR                                                                      | QL                        |
| PREMARIN ORAL                                                                 |                           |
| <b>GLUCOCORTICOIDS</b>                                                        |                           |
| AGAMREE                                                                       | PA; QL                    |

| Product Description                                                                                                                     | Limits/Restrictions/Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| ALKINDI SPRINKLE                                                                                                                        | PA; QL                    |
| cortisone                                                                                                                               |                           |
| deflazacort                                                                                                                             | PA; QL; MS                |
| DEXAMETHASONE INTENSOL                                                                                                                  |                           |
| dexamethasone oral elixir                                                                                                               |                           |
| dexamethasone oral solution                                                                                                             |                           |
| dexamethasone oral tablet                                                                                                               |                           |
| hydrocortisone oral                                                                                                                     |                           |
| methylprednisolone                                                                                                                      |                           |
| methylprednisolone acetate                                                                                                              |                           |
| prednisolone oral solution                                                                                                              |                           |
| prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) |                           |
| prednisolone sodium phosphate oral tablet,disintegrating                                                                                |                           |
| prednisone                                                                                                                              |                           |
| PREDNISONE INTENSOL                                                                                                                     |                           |
| <b>GONADOTROPIN INHIBITOR PITUITARY SUPPRESSANTS</b>                                                                                    |                           |
| danazol                                                                                                                                 |                           |
| <b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>                                                                                              |                           |
| SOMAVERT                                                                                                                                | PA; QL; MS                |
| <b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>                                                                                         |                           |
| EGRIFTA SV                                                                                                                              | PA; QL; MS                |
| <b>GROWTH HORMONES</b>                                                                                                                  |                           |
| OMNITROPE                                                                                                                               | PA; MS                    |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG                                                                                       | PA; QL; MS                |
| <b>HUMAN INSULINS - FIXED COMBINATIONS</b>                                                                                              |                           |
| HUMULIN 70/30 U-100 INSULIN                                                                                                             |                           |
| HUMULIN 70/30 U-100 KWIKPEN                                                                                                             |                           |
| <b>HUMAN INSULINS - INTERMEDIATE ACTING</b>                                                                                             |                           |
| HUMULIN N NPH INSULIN KWIKPEN                                                                                                           |                           |
| HUMULIN N NPH U-100 INSULIN                                                                                                             |                           |
| <b>HUMAN INSULINS - SHORT ACTING</b>                                                                                                    |                           |
| HUMULIN R REGULAR U-100 INSULN                                                                                                          |                           |
| HUMULIN R U-500 (CONC) KWIKPEN                                                                                                          |                           |
| <b>INSULIN ANALOGS - FIXED COMBINATIONS</b>                                                                                             |                           |
| HUMALOG MIX 50-50 KWIKPEN                                                                                                               |                           |
| HUMALOG MIX 75-25 KWIKPEN                                                                                                               |                           |
| HUMALOG MIX 75-25(U-100)INSULN                                                                                                          |                           |
| insulin lispro protamin-lispro                                                                                                          |                           |
| <b>INSULIN ANALOGS - LONG ACTING</b>                                                                                                    |                           |
| BASAGLAR KWIKPEN U-100 INSULIN                                                                                                          |                           |
| insulin glargine u-300 conc                                                                                                             |                           |
| insulin glargine-yfgn                                                                                                                   |                           |
| LANTUS SOLOSTAR U-100 INSULIN                                                                                                           |                           |
| LANTUS U-100 INSULIN                                                                                                                    |                           |
| TOUJEO MAX U-300 SOLOSTAR                                                                                                               |                           |
| TOUJEO SOLOSTAR U-300 INSULIN                                                                                                           |                           |
| <b>INSULIN ANALOGS - RAPID ACTING</b>                                                                                                   |                           |
| HUMALOG JUNIOR KWIKPEN U-100                                                                                                            |                           |
| HUMALOG KWIKPEN INSULIN                                                                                                                 |                           |

| Product Description                                                          | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------|---------------------------|
| HUMALOG U-100 INSULIN                                                        |                           |
| insulin lispro                                                               |                           |
| <b>INSULIN RESPONSE ENHANCERS - BIGUANIDES</b>                               |                           |
| metformin hcl 750 mg tablet                                                  |                           |
| metformin oral solution                                                      |                           |
| metformin oral tablet 1,000 mg, 500 mg, 850 mg                               |                           |
| metformin oral tablet extended release (generic version of glucophage xr)    |                           |
| <b>INSULIN RESPONSE ENHANCERS - THIAZOLIDINEDIONES (PPAR-GAMMA AGONISTS)</b> |                           |
| pioglitazone                                                                 |                           |
| <b>INSULIN-LIKE GROWTH FACTOR-1 (IGF-1)</b>                                  |                           |
| INCRELEX                                                                     | PA                        |
| <b>LEPTIN HORMONE ANALOGS</b>                                                |                           |
| MYALEPT                                                                      | PA; QL; MS                |
| <b>LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS</b>                     |                           |
| SYNAREL                                                                      | PA; QL                    |
| <b>MINERALOCORTICIDS</b>                                                     |                           |
| fludrocortisone                                                              |                           |
| <b>OXYTOCIC - ERGOT ALKALOIDS</b>                                            |                           |
| methylergonovine oral                                                        | QL                        |
| <b>PARATHYROID HORMONES AND ANALOGS</b>                                      |                           |
| YORVIPATH                                                                    | PA; QL                    |
| <b>PROGESTINS</b>                                                            |                           |
| GALLIFREY                                                                    |                           |
| medroxyprogesterone oral                                                     |                           |
| norethindrone acetate                                                        |                           |
| progesterone                                                                 | MS                        |
| progesterone micronized oral                                                 |                           |
| <b>PROLACTIN INHIBITOR - ERGOT DERIVATIVE DOPAMINE RECEPTOR AGONISTS</b>     |                           |
| cabergoline                                                                  |                           |
| <b>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>                        |                           |
| raloxifene                                                                   |                           |
| <b>SOMATOSTATIC AGENTS</b>                                                   |                           |
| lanreotide 120 mg/0.5 ml subcutaneous syringe 505(b)(2)                      | QL                        |
| lanreotide subcutaneous syringe 120 mg/0.5 ml                                | QL; MS                    |
| octreotide acetate                                                           | MS                        |
| SIGNIFOR                                                                     | PA                        |
| <b>THYROID HORMONES - ANIMAL SOURCE (PORCINE)</b>                            |                           |
| ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG                       |                           |
| ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG                |                           |
| ARMOUR THYROID                                                               |                           |
| NIVA THYROID                                                                 |                           |
| NP THYROID                                                                   |                           |
| thyroid (pork)                                                               |                           |
| <b>THYROID HORMONES - SYNTHETIC T3 (TRIIODOTHYRONINE)</b>                    |                           |
| LIOMNY                                                                       |                           |
| liothyronine oral                                                            |                           |
| <b>THYROID HORMONES - SYNTHETIC T4 (THYROXINE)</b>                           |                           |
| EUTHYROX                                                                     |                           |
| LEVO-T                                                                       |                           |
| levothyroxine oral tablet                                                    |                           |

| Product Description                                                                                               | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------------------------------------------|---------------------------|
| 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 |                           |
| SYNTHROID                                                                                                         |                           |
| UNITHROID                                                                                                         |                           |
| <b>GASTROINTESTINAL THERAPY AGENTS</b>                                                                            |                           |
| <b>ANTACID - ALUMINUM</b>                                                                                         |                           |
| aluminum hydroxide gel                                                                                            |                           |
| <b>ANTACID - ANTACID COMBINATIONS</b>                                                                             |                           |
| ACID GONE ANTACID                                                                                                 |                           |
| <b>ANTACID - BICARBONATE</b>                                                                                      |                           |
| sodium bicarb 650 mg tablet                                                                                       |                           |
| <b>ANTACID - CALCIUM</b>                                                                                          |                           |
| ANTACID (CALCIUM CARBONATE) ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG)                                          |                           |
| CALCIUM ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG)                                                      |                           |
| calcium carbonate oral suspension                                                                                 |                           |
| CAL-GEST ANTACID                                                                                                  |                           |
| <b>ANTACID - MAGNESIUM</b>                                                                                        |                           |
| magnesium oxide oral tablet 400 mg (241.3 mg magnesium)                                                           |                           |
| <b>ANTACID - SIMETHICONE COMBINATIONS</b>                                                                         |                           |
| ADVANCED ANTACID-ANTIGAS ORAL SUSPENSION 400-400-40 MG/5 ML                                                       |                           |
| ALMACONE-2                                                                                                        |                           |
| ANTACID ANTI-GAS ORAL SUSPENSION 400-400-40 MG/5 ML                                                               |                           |
| ANTACID MAXIMUM STRENGTH                                                                                          |                           |
| ANTACID-ANTIGAS                                                                                                   |                           |
| <b>ANTIDIARRHEAL - ANTIPERISTALTIC AGENTS</b>                                                                     |                           |
| ANTI-DIARRHEAL (LOPERAMIDE) ORAL TABLET                                                                           |                           |
| loperamide oral capsule                                                                                           |                           |
| opium tincture                                                                                                    |                           |
| <b>ANTIDIARRHEAL - BISMUTH AGENTS</b>                                                                             |                           |
| PINK BISMUTH ORAL TABLET,CHEWABLE                                                                                 |                           |
| STOMACH RELIEF ORAL SUSPENSION 262 MG/15 ML                                                                       |                           |
| STOMACH RELIEF ORAL TABLET,CHEWABLE                                                                               |                           |
| <b>ANTIDIARRHEAL - GASTROINTESTINAL CHLORIDE CHANNEL INHIBITORS</b>                                               |                           |
| MYTESI                                                                                                            | PA; QL                    |
| <b>ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR</b>                                                           |                           |
| XERMELO                                                                                                           | PA; QL                    |
| <b>ANTIDIARRHEAL ANTIPERISTALTIC-ANTICHOLINERGIC COMBINATIONS</b>                                                 |                           |
| diphenoxylate-atropine                                                                                            |                           |
| <b>ANTIDIARRHEAL OPIOID AGENTS</b>                                                                                |                           |
| opium tincture                                                                                                    |                           |
| <b>ANTIEMETIC - ANTIHISTAMINES</b>                                                                                |                           |
| DRIMINATE                                                                                                         |                           |
| meclizine oral tablet 12.5 mg, 25 mg                                                                              |                           |
| meclizine oral tablet,chewable                                                                                    |                           |
| MOTION SICKNESS                                                                                                   |                           |
| MOTION SICKNESS RELIEF                                                                                            |                           |
| <b>ANTIEMETIC - ANTIHISTAMINE-VITAMIN COMBINATIONS</b>                                                            |                           |
| doxylamine-pyridoxine (vit b6)                                                                                    | PA; QL                    |
| <b>ANTIEMETIC - CANNABINOID TYPE</b>                                                                              |                           |
| dronabinol                                                                                                        |                           |

| Product Description                                                                                                                                                                                                                                                          | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| SYNDROS                                                                                                                                                                                                                                                                      | PA                        |
| <b>ANTIEMETIC - DOPAMINE (D2)/5-HT3 ANTAGONISTS</b>                                                                                                                                                                                                                          |                           |
| trimethobenzamide oral                                                                                                                                                                                                                                                       |                           |
| <b>ANTIEMETIC - PHENOTHIAZINES</b>                                                                                                                                                                                                                                           |                           |
| COMPRO                                                                                                                                                                                                                                                                       |                           |
| prochlorperazine                                                                                                                                                                                                                                                             |                           |
| prochlorperazine maleate                                                                                                                                                                                                                                                     |                           |
| promethazine oral                                                                                                                                                                                                                                                            |                           |
| promethazine rectal suppository 12.5 mg, 25 mg                                                                                                                                                                                                                               |                           |
| PROMETHEGAN                                                                                                                                                                                                                                                                  |                           |
| <b>ANTIEMETIC - SELECTIVE SEROTONIN 5-HT3 ANTAGONISTS</b>                                                                                                                                                                                                                    |                           |
| granisetron hcl oral                                                                                                                                                                                                                                                         | QL                        |
| ondansetron hcl oral solution                                                                                                                                                                                                                                                |                           |
| ondansetron hcl oral tablet 4 mg, 8 mg                                                                                                                                                                                                                                       |                           |
| ondansetron oral tablet,disintegrating 4 mg, 8 mg                                                                                                                                                                                                                            |                           |
| <b>ANTIEMETIC - SUBSTANCE P-NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>                                                                                                                                                                                                      |                           |
| aprepitant                                                                                                                                                                                                                                                                   | QL                        |
| <b>BILE ACIDS</b>                                                                                                                                                                                                                                                            |                           |
| CHOLBAM                                                                                                                                                                                                                                                                      | PA; QL                    |
| <b>COLONIC ACIDIFIER (AMMONIA INHIBITOR)</b>                                                                                                                                                                                                                                 |                           |
| ENULOSE                                                                                                                                                                                                                                                                      |                           |
| GENERLAC                                                                                                                                                                                                                                                                     |                           |
| lactulose oral solution                                                                                                                                                                                                                                                      |                           |
| <b>DIGESTIVE ENZYME MIXTURES</b>                                                                                                                                                                                                                                             |                           |
| CREON                                                                                                                                                                                                                                                                        |                           |
| 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 |                           |
| <b>DIGESTIVE ENZYMES</b>                                                                                                                                                                                                                                                     |                           |
| SUCRAID                                                                                                                                                                                                                                                                      | PA                        |
| <b>GALLSTONE SOLUBILIZING (LITHOLYSIS) AGENTS</b>                                                                                                                                                                                                                            |                           |
| RELTONE                                                                                                                                                                                                                                                                      | PA; QL                    |
| ursodiol oral capsule 300 mg                                                                                                                                                                                                                                                 |                           |
| ursodiol oral tablet                                                                                                                                                                                                                                                         |                           |
| <b>GASTRIC ACID SECRETION REDUCER - HISTAMINE H2-RECEPTOR ANTAGONISTS</b>                                                                                                                                                                                                    |                           |
| ACID REDUCER (FAMOTIDINE)                                                                                                                                                                                                                                                    |                           |
| cimetidine hcl oral                                                                                                                                                                                                                                                          |                           |
| cimetidine oral tablet 300 mg, 400 mg, 800 mg                                                                                                                                                                                                                                |                           |
| famotidine oral                                                                                                                                                                                                                                                              |                           |
| HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 10 MG                                                                                                                                                                                                                              |                           |
| nizatidine oral capsule                                                                                                                                                                                                                                                      |                           |
| <b>GASTRIC ACID SECRETION REDUCER - PROTON PUMP INHIBITORS (PPIS)</b>                                                                                                                                                                                                        |                           |
| esomeprazole magnesium oral capsule,delayed release(dr/ec)                                                                                                                                                                                                                   | QL                        |
| lansoprazole                                                                                                                                                                                                                                                                 | QL                        |
| omeprazole oral capsule,delayed release(dr/ec)                                                                                                                                                                                                                               | QL                        |
| pantoprazole oral tablet,delayed release (dr/ec)                                                                                                                                                                                                                             | QL                        |
| rabeprazole oral tablet,delayed release (dr/ec)                                                                                                                                                                                                                              | QL                        |
| <b>GASTRIC MUCOSA - CYTOPROTECTIVE PROSTAGLANDIN ANALOGS</b>                                                                                                                                                                                                                 |                           |
| misoprostol                                                                                                                                                                                                                                                                  |                           |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| <b>GASTROINTESTINAL PROKINETIC AGENTS - D2 ANTAGONIST/5-HT4 AGONISTS</b>      |                           |
| GIMOTI                                                                        | PA; QL                    |
| metoclopramide hcl oral solution                                              |                           |
| metoclopramide hcl oral tablet                                                |                           |
| <b>GI ANTISPASMODIC - BELLADONNA ALKALOIDS</b>                                |                           |
| ED-SPAZ                                                                       |                           |
| hyoscyamine sulfate oral                                                      |                           |
| hyoscyamine sulfate sublingual                                                |                           |
| HYOSYNE                                                                       |                           |
| methscopolamine                                                               |                           |
| OSCIMIN                                                                       |                           |
| OSCIMIN SL                                                                    |                           |
| SYMAX FASTABS                                                                 |                           |
| SYMAX-SL                                                                      |                           |
| SYMAX-SR                                                                      |                           |
| <b>GI ANTISPASMODIC - QUATERNARY AMMONIUM COMPOUNDS</b>                       |                           |
| glycopyrrolate oral tablet 1 mg, 2 mg                                         |                           |
| glycopyrrolate oral tablet 1.5 mg                                             | PA; QL                    |
| <b>GI ANTISPASMODIC - SYNTHETIC TERTIARY AMINES</b>                           |                           |
| dicyclomine oral capsule                                                      |                           |
| dicyclomine oral solution                                                     |                           |
| dicyclomine oral tablet 20 mg                                                 |                           |
| <b>H. PYLORI THERAPY - PROTON PUMP INHIBITOR AND ANTIBIOTICS COMBINATIONS</b> |                           |
| amoxicil-clarithromy-lansopraz                                                |                           |
| <b>IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS</b>                       |                           |
| alosetron                                                                     | QL                        |
| <b>INFLAMMATORY BOWEL AGENT - INTERLEUKIN-12 AND IL-23 INHIBITORS, MC AB</b>  |                           |
| SELARSDI SUBCUTANEOUS SOLUTION                                                | PA; QL; MS                |
| STELARA SUBCUTANEOUS SOLUTION                                                 | PA; QL; MS                |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML                                         | PA; QL; MS                |
| YESINTEK 45 MG/0.5 ML VIAL                                                    | PA; QL; MS; S             |
| YESINTEK 90 MG/ML SYRINGE                                                     | PA; QL                    |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML                                   | PA; QL; MS                |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML                                        | PA; QL; MS                |
| <b>INFLAMMATORY BOWEL AGENT - INTERLEUKIN-23 (IL-23) INHIBITOR, MC AB</b>     |                           |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR                                        | PA; QL; MS                |
| TREMFYA PEN                                                                   | PA; QL; MS                |
| TREMFYA PEN INDUCTION PK(2PEN)                                                | PA; QL; MS; S             |
| TREMFYA SUBCUTANEOUS SYRINGE                                                  | PA; QL; MS                |
| <b>INFLAMMATORY BOWEL AGENT - AMINOSALICYLATES AND RELATED AGENTS</b>         |                           |
| balsalazide                                                                   |                           |
| mesalamine oral capsule (with del rel tablets)                                |                           |
| mesalamine oral capsule,extended release 24hr                                 |                           |
| mesalamine oral tablet,delayed release (dr/ec)                                |                           |
| mesalamine rectal                                                             |                           |
| sulfasalazine                                                                 |                           |
| <b>INFLAMMATORY BOWEL AGENT - GLUCOCORTICOIDS</b>                             |                           |
| budesonide oral capsule,delayed,extend.release                                |                           |
| budesonide oral tablet,delayed and ext.release                                | QL                        |
| budesonide rectal                                                             | PA; QL                    |

| Product Description                                                    | Limits/Restrictions/Notes |
|------------------------------------------------------------------------|---------------------------|
| hydrocortisone rectal                                                  |                           |
| <b>INFLAMMATORY BOWEL AGENT - JANUS KINASE (JAK) INHIBITORS</b>        |                           |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG                        | PA; QL; MS                |
| XELJANZ ORAL TABLET                                                    | PA; QL; MS                |
| XELJANZ XR                                                             | PA; QL; MS                |
| <b>INFLAMMATORY BOWEL AGENT - TUMOR NECROSIS FACTOR ALPHA BLOCKERS</b> |                           |
| CIMZIA STARTER KIT                                                     | PA; QL; MS                |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)            | PA; QL; MS                |
| HADLIMA                                                                | PA; QL; MS                |
| HADLIMA PUSHTOUCH                                                      | PA; QL; MS                |
| HADLIMA(CF)                                                            | PA; QL; MS                |
| HADLIMA(CF) PUSHTOUCH                                                  | PA; QL; MS                |
| HUMIRA PEN (ABBVIE)                                                    | PA; QL; MS                |
| HUMIRA SYRINGE KIT (ABBVIE)                                            | PA; QL; MS                |
| HUMIRA(CF) PEN (ABBVIE)                                                | PA; QL; MS                |
| HUMIRA(CF) PEN CROHNS-UC-HS (ABBVIE)                                   | PA; QL; MS                |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ABBVIE)                                | PA; QL; MS                |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML         | PA; QL; MS                |
| SIMLANDI(CF) AUTOINJECTOR                                              | PA; QL; MS                |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML       | PA; QL; MS                |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML                            | PA; QL; MS                |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML                                 | PA; QL; MS                |
| <b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>                           |                           |
| alosetron                                                              | QL                        |
| <b>LAXATIVE - BULK FORMING</b>                                         |                           |
| FIBER (CALCIUM POLYCARBOPHIL)                                          |                           |
| FIBER LAXATIVE (CA POLYCARBO)                                          |                           |
| FIBER-LAX                                                              |                           |
| FIBER-TABS                                                             |                           |
| NATURAL FIBER LAXATIVE (SUGAR)                                         |                           |
| <b>LAXATIVE - SALINE AND OSMOTIC</b>                                   |                           |
| child glycerin 1.2 gm supp                                             |                           |
| CLEARLAX ORAL POWDER                                                   |                           |
| CONSTULOSE                                                             |                           |
| GAVILAX ORAL POWDER                                                    |                           |
| glycerin pediatric suppository infants & children                      |                           |
| KRISTALOSE                                                             | PA; QL                    |
| lactulose oral packet                                                  | PA; QL                    |
| lactulose oral solution                                                |                           |
| MAGNESIUM CITRATE ORAL SOLUTION                                        |                           |
| MILK OF MAGNESIA                                                       |                           |
| polyethylene glycol 3350 oral powder                                   |                           |
| <b>LAXATIVE - SALINE/OSMOTIC MIXTURES</b>                              |                           |
| ENEMA DISPOSABLE                                                       |                           |
| FLEET PEDIATRIC                                                        |                           |
| GAVILYTE-C                                                             |                           |
| GAVILYTE-G                                                             |                           |
| GAVILYTE-N                                                             |                           |
| peg 3350-electrolytes                                                  |                           |
| peg3350-sod sul-nacl-kcl-asb-c                                         | QL                        |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| peg-electrolyte soln                                                          |                           |
| READY-TO-USE ENEMA                                                            |                           |
| <b>LAXATIVE - STIMULANT</b>                                                   |                           |
| bisacodyl rectal                                                              |                           |
| FLEET BISACODYL RECTAL                                                        |                           |
| GENTLE LAXATIVE (BISACODYL) ORAL                                              |                           |
| LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC)                      |                           |
| SENNA LAX                                                                     |                           |
| SENNA LAXATIVE                                                                |                           |
| SENNA ORAL SYRUP 8.8 MG/5 ML                                                  |                           |
| SENNA ORAL TABLET                                                             |                           |
| sennosides oral syrup                                                         |                           |
| <b>LAXATIVE - STIMULANT AND SURFACTANT COMBINATIONS</b>                       |                           |
| SENEXON-S                                                                     |                           |
| SENNA PLUS ORAL TABLET                                                        |                           |
| SENNA-S                                                                       |                           |
| SENNA-TIME S                                                                  |                           |
| STOOL SOFTENER-LAXATIVE                                                       |                           |
| STOOL SOFTENER-STIMULANT LAXAT ORAL TABLET                                    |                           |
| <b>LAXATIVE - SURFACTANT</b>                                                  |                           |
| docusate sodium 100 mg softgel                                                |                           |
| docusate sodium oral capsule 100 mg                                           |                           |
| docusate sodium oral liquid                                                   |                           |
| DOK                                                                           |                           |
| ENEMEEZ                                                                       |                           |
| ENEMEEZ PLUS                                                                  |                           |
| STOOL SOFTENER ORAL CAPSULE 100 MG, 250 MG                                    |                           |
| <b>PEPTIC ULCER - GASTRIC LUMEN ADHERENT CYTOPROTECTIVES</b>                  |                           |
| sucralfate oral tablet                                                        |                           |
| <b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>                                      |                           |
| octreotide acetate                                                            | MS                        |
| <b>GENITOURINARY THERAPY</b>                                                  |                           |
| <b>BPH AGENT- 5-ALPHA REDUCTASE INHIB AND ALPHA-1 ADRENOCEPTOR ANTAG COMB</b> |                           |
| dutasteride-tamsulosin                                                        | QL                        |
| <b>CYSTINOSIS THERAPY (CYSTINE DEPLETING AGENTS)</b>                          |                           |
| CYSTAGON                                                                      |                           |
| PROCYSBI                                                                      | PA; QL; MS                |
| <b>INTERSTITIAL CYSTITIS AGENTS</b>                                           |                           |
| ELMIRON                                                                       |                           |
| <b>KIDNEY STONE AGENTS</b>                                                    |                           |
| tiopronin                                                                     | PA; QL; MS                |
| VENXXIVA                                                                      | PA; QL; S                 |
| <b>OVERACTIVE BLADDER AGENTS - BETA -3 ADRENERGIC RECEPTOR AGONIST</b>        |                           |
| GEMTESA                                                                       | QL                        |
| mirabegron                                                                    | QL                        |
| <b>OXALOSIS AGENT - OXALATE INHIBITOR, SMALL INTERFERING RNA DIRECTED</b>     |                           |
| RIVFLOZA                                                                      | PA; QL                    |
| <b>PHOSPHATE BINDERS</b>                                                      |                           |
| calcium acetate(phosphat bind)                                                |                           |
| sevelamer carbonate                                                           |                           |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| <b>PHOSPHATE BINDERS - CALCIUM-BASED</b>                                      |                           |
| calcium acetate(phosphat bind)                                                |                           |
| <b>POLYCYSTIC KIDNEY DISEASE - VASOPRESSIN V2 RECEPTOR ANTAGONISTS</b>        |                           |
| tolvaptan (polycys kidney dis)                                                | PA; QL                    |
| <b>PROSTATIC HYPERTROPHY AGENT - ALPHA-1-ADRENOCEPTOR ANTAGONISTS</b>         |                           |
| alfuzosin                                                                     | QL                        |
| silodosin                                                                     | QL                        |
| tamsulosin                                                                    | QL                        |
| <b>PROSTATIC HYPERTROPHY AGENT - TYPE II 5-ALPHA REDUCTASE INHIBITORS</b>     |                           |
| finasteride oral tablet 5 mg                                                  |                           |
| <b>PROSTATIC HYPERTROPHY AGENT-TYPE I AND II 5-ALPHA REDUCTASE INHIBITORS</b> |                           |
| dutasteride                                                                   | QL                        |
| <b>URINARY ACIDIFIER - PHOSPHATES</b>                                         |                           |
| K-PHOS NO 2                                                                   |                           |
| K-PHOS ORIGINAL                                                               |                           |
| K-PHOS-NEUTRAL                                                                |                           |
| <b>URINARY ALKALINIZER - CITRATES</b>                                         |                           |
| potassium citrate oral tablet extended release                                |                           |
| <b>URINARY ANALGESICS</b>                                                     |                           |
| phenazopyridine oral tablet 100 mg, 200 mg                                    |                           |
| <b>URINARY ANTIBACTERIAL - METHENAMINE AND SALTS</b>                          |                           |
| methenamine hippurate                                                         |                           |
| methenamine mandelate                                                         |                           |
| <b>URINARY ANTIBACTERIAL - NITROFURAN DERIVATIVES</b>                         |                           |
| nitrofurantoin macrocrystal                                                   |                           |
| nitrofurantoin monohydrate macrocrystals                                      |                           |
| nitrofurantoin oral suspension 25 mg/5 ml                                     |                           |
| <b>URINARY ANTI-INFECTIVE METHENAMINE-ANTISPAS-ANALG COMBINATIONS</b>         |                           |
| URETRON D-S                                                                   |                           |
| URIMAR-T ORAL TABLET                                                          |                           |
| <b>URINARY ANTI-INFECTIVE METHENAMINE-ANTISPASMODIC COMBINATIONS</b>          |                           |
| methen-sod phos-meth blue-hyos                                                |                           |
| UROGESIC-BLUE                                                                 |                           |
| URYL                                                                          |                           |
| <b>URINARY ANTISPASMODIC - ANTICHOL., M(3) MUSCARINIC SELECTIVE (BLADDER)</b> |                           |
| darifenacin                                                                   | QL                        |
| solifenacin                                                                   | QL                        |
| <b>URINARY ANTISPASMODIC - ANTICHOLINERGICS, NON-SELECTIVE</b>                |                           |
| ED-SPAZ                                                                       |                           |
| hyoscyamine sulfate oral                                                      |                           |
| hyoscyamine sulfate sublingual                                                |                           |
| HYOSYNE                                                                       |                           |
| OSCIMIN                                                                       |                           |
| OSCIMIN SL                                                                    |                           |
| SYMAX FASTABS                                                                 |                           |
| SYMAX-SL                                                                      |                           |
| SYMAX-SR                                                                      |                           |
| <b>URINARY ANTISPASMODIC - SMOOTH MUSCLE RELAXANTS</b>                        |                           |
| fesoterodine                                                                  | QL                        |
| flavoxate                                                                     |                           |

| Product Description                                                                                                     | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------|
| oxybutynin chloride oral syrup                                                                                          |                           |
| oxybutynin chloride oral tablet 2.5 mg                                                                                  |                           |
| oxybutynin chloride oral tablet 5 mg                                                                                    |                           |
| oxybutynin chloride oral tablet extended release 24hr                                                                   |                           |
| tolterodine                                                                                                             | QL                        |
| trospium                                                                                                                | QL                        |
| <b>URINARY RETENTION THERAPY - PARASYMPATHOMIMETIC AGENTS</b>                                                           |                           |
| bethanechol chloride                                                                                                    |                           |
| <b>GOUT AND HYPERURICEMIA THERAPY</b>                                                                                   |                           |
| <b>GOUT ACUTE THERAPY - ANTIMITOTICS</b>                                                                                |                           |
| colchicine oral tablet                                                                                                  | QL                        |
| <b>GOUT AND HYPERURICEMIA - ANTIMITOTIC-URICOSURIC COMBINATIONS</b>                                                     |                           |
| probenecid-colchicine                                                                                                   |                           |
| <b>HYPERURICEMIA THERAPY - URICOSURICS</b>                                                                              |                           |
| probenecid                                                                                                              |                           |
| <b>HYPERURICEMIA THERAPY - XANTHINE OXIDASE INHIBITORS</b>                                                              |                           |
| allopurinol oral tablet 100 mg, 300 mg                                                                                  |                           |
| febuxostat                                                                                                              | QL                        |
| <b>HEMATOLOGICAL AGENTS</b>                                                                                             |                           |
| <b>AGENTS TO TREAT ATTP- ANTI VON WILLEBRAND FACTOR (VWF) A1 DOMAIN</b>                                                 |                           |
| CABLIVI INJECTION KIT                                                                                                   | PA; QL                    |
| <b>AGENTS TO TREAT PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH)</b>                                                        |                           |
| EMPAVELI                                                                                                                | PA                        |
| VOYDEYA                                                                                                                 | PA; QL; MS                |
| <b>ANTICOAGULANTS - COUMARIN</b>                                                                                        |                           |
| JANTOVEN                                                                                                                |                           |
| warfarin                                                                                                                |                           |
| <b>BLOOD CELL AND PLATELET DISORDER TREATMENT-TYROSINE KINASE INHIBITORS</b>                                            |                           |
| TAVALISSE                                                                                                               | PA; QL                    |
| <b>C1 ESTERASE INHIBITOR AGENTS</b>                                                                                     |                           |
| BERINERT INTRAVENOUS KIT                                                                                                | PA; QL; MS                |
| CINRYZE                                                                                                                 | PA; QL; MS                |
| HAEGARDA                                                                                                                | PA; QL; MS                |
| RUCONEST                                                                                                                | PA; QL; MS                |
| <b>CXCR4 CHEMOKINE RECEPTOR ANTAGONISTS</b>                                                                             |                           |
| plerixafor                                                                                                              | QL; MS                    |
| XOLREMDI                                                                                                                | PA; QL                    |
| <b>DIRECT FACTOR XA INHIBITORS</b>                                                                                      |                           |
| ELIQUIS                                                                                                                 | QL                        |
| ELIQUIS DVT-PE TREAT 30D START                                                                                          | QL                        |
| ELIQUIS SPRINKLE                                                                                                        | QL                        |
| rivaroxaban                                                                                                             | QL                        |
| XARELTO                                                                                                                 | QL                        |
| XARELTO DVT-PE TREAT 30D START                                                                                          |                           |
| <b>ERYTHROPOIETINS</b>                                                                                                  |                           |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML                     | MS                        |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE                                                                              | MS                        |
| 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 | MS                        |

| Product Description                                                          | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------|---------------------------|
| PROCRIT                                                                      | MS                        |
| RETACRIT                                                                     | MS                        |
| <b>GRANULOCYTE COLONY-STIMULATING FACTOR (G-CSF)</b>                         |                           |
| NEULASTA                                                                     | MS                        |
| NEULASTA ONPRO                                                               | MS                        |
| UDENYCA                                                                      | MS                        |
| UDENYCA AUTOINJECTOR                                                         | MS                        |
| UDENYCA ONBODY                                                               | MS                        |
| ZARXIO                                                                       | MS                        |
| <b>HEMATORHEOLOGIC AGENTS</b>                                                |                           |
| pentoxifylline                                                               |                           |
| <b>HEMOPHILIA TREATMENT AGENTS - MONOCLONAL ANTIBODY</b>                     |                           |
| ALHEMO PEN                                                                   | PA; QL; MS                |
| HYMPAVZI PEN                                                                 | PA; QL; MS                |
| <b>HEMOPHILIA TREATMENT AGENTS - SMALL INTERFERING RNA (SIRNA)</b>           |                           |
| QFITLIA                                                                      | PA; QL                    |
| QFITLIA PEN                                                                  | PA; QL                    |
| <b>HEMOSTATIC SYSTEMIC - ANTIFIBRINOLYTIC AGENTS</b>                         |                           |
| AMICAR                                                                       |                           |
| aminocaproic acid oral                                                       |                           |
| tranexamic acid oral                                                         | QL                        |
| <b>HEPARIN FLUSH FORMULATIONS</b>                                            |                           |
| HEP FLUSH-10 (PF)                                                            |                           |
| <b>HEPARINS</b>                                                              |                           |
| HEP FLUSH-10 (PF)                                                            |                           |
| <b>INDIRECT FACTOR XA INHIBITORS</b>                                         |                           |
| fondaparinux                                                                 |                           |
| <b>LOW MOLECULAR WEIGHT HEPARINS</b>                                         |                           |
| enoxaparin                                                                   |                           |
| <b>PLASMA PROTEINS WHICH FACILITATE ANTICOAGULATION</b>                      |                           |
| RYPLAZIM                                                                     | PA; QL                    |
| <b>PLATELET AGGREGATION INHIB - CYCLOPENTYL-TRIAZOLO-PYRIMIDINES (CPTPS)</b> |                           |
| BRILINTA                                                                     | QL                        |
| ticagrelor                                                                   | QL                        |
| <b>PLATELET AGGREGATION INHIBITOR COMBINATIONS</b>                           |                           |
| aspirin-dipyridamole                                                         |                           |
| <b>PLATELET AGGREGATION INHIBITORS - PHOSPHODIESTERASE III INHIBITORS</b>    |                           |
| cilostazol                                                                   |                           |
| <b>PLATELET AGGREGATION INHIBITORS - QUINAZOLINE AGENTS</b>                  |                           |
| anagrelide                                                                   |                           |
| <b>PLATELET AGGREGATION INHIBITORS - SALICYLATES</b>                         |                           |
| aspirin 325 mg tablet                                                        |                           |
| aspirin oral tablet 325 mg                                                   | QL                        |
| ASPIRIN ORAL TABLET,CHEWABLE                                                 | QL                        |
| aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg                    | QL                        |
| <b>PLATELET AGGREGATION INHIBITORS - THIENOPYRIDINE AGENTS</b>               |                           |
| clopidogrel oral tablet 300 mg                                               |                           |
| clopidogrel oral tablet 75 mg                                                | QL                        |
| prasugrel hcl                                                                | QL                        |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| <b>PLATELET AGGREGATION INHIB-PDESTERASE AND ADENOSINE DEAMINASE INHIBITR</b> |                           |
| dipyridamole oral                                                             |                           |
| <b>PNH - COMPLEMENT (C3) INHIBITORS</b>                                       |                           |
| EMPAVELI                                                                      | PA                        |
| <b>PNH - COMPLEMENT FACTOR D INHIBITORS</b>                                   |                           |
| VOYDEYA                                                                       | PA; QL; MS                |
| <b>PYRUVATE KINASE (PK) ACTIVATORS</b>                                        |                           |
| PYRUKYND 5 MG TABLET                                                          | PA; QL                    |
| PYRUKYND 5 MG TAPER PACK                                                      | PA; QL                    |
| PYRUKYND ORAL TABLET 20 MG, 50 MG                                             | PA; QL                    |
| PYRUKYND ORAL TABLETS,DOSE PACK                                               | PA; QL                    |
| <b>SICKLE CELL ANEMIA AGENTS, OTHERS</b>                                      |                           |
| DROXIA                                                                        |                           |
| glutamine (sickle cell)                                                       | PA; QL; MS                |
| SIKLOS                                                                        | PA                        |
| XROMI                                                                         | PA; QL                    |
| <b>THROMBIN INHIBITOR - SELECTIVE DIRECT AND REVERSIBLE</b>                   |                           |
| dabigatran etexilate                                                          | QL                        |
| <b>THROMBOPOIETIN RECEPTOR AGONISTS</b>                                       |                           |
| ALVAIZ                                                                        | PA; QL; MS                |
| DOPTELET (10 TAB PACK)                                                        | PA; QL; MS                |
| DOPTELET (15 TAB PACK)                                                        | PA; QL; MS                |
| DOPTELET (30 TAB PACK)                                                        | PA; QL; MS                |
| DOPTELET SPRINKLE                                                             | PA; QL; MS                |
| eltrombopag olamine oral powder in packet 25 mg                               | PA; QL                    |
| eltrombopag olamine oral tablet                                               | PA; QL                    |
| MULPLETA                                                                      | PA; QL; MS                |
| <b>HEPATOBIILIARY SYSTEM TREATMENT AGENTS</b>                                 |                           |
| <b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITOR</b>                           |                           |
| BYLVAY                                                                        | PA; QL; MS                |
| LIVMARLI                                                                      | PA; QL                    |
| <b>PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR (PPAR) AGONIST</b>              |                           |
| IQIRVO                                                                        | PA; QL; MS                |
| LIVDELZI                                                                      | PA; QL                    |
| <b>IMMUNOSUPPRESSIVE AGENTS</b>                                               |                           |
| <b>IMMUNOSUPPRESSIVE - CALCINEURIN INHIBITORS</b>                             |                           |
| cyclosporine modified                                                         |                           |
| cyclosporine oral capsule                                                     |                           |
| ENVARUSUS XR                                                                  | PA; QL                    |
| GENGRAF                                                                       |                           |
| tacrolimus oral capsule                                                       |                           |
| <b>IMMUNOSUPPRESSIVE - INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS</b>     |                           |
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION                                   |                           |
| mycophenolate mofetil                                                         |                           |
| mycophenolate sodium                                                          |                           |
| <b>IMMUNOSUPPRESSIVE - INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS</b>           |                           |
| ENSPRYNG                                                                      | PA; QL; MS                |
| <b>IMMUNOSUPPRESSIVE - MAMMALIAN TARGET OF RAPAMYCIN (MTOR) INHIBITORS</b>    |                           |
| sirolimus                                                                     |                           |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| <b>IMMUNOSUPPRESSIVE - PURINE ANALOGS</b>                                     |                           |
| azathioprine oral tablet 50 mg                                                |                           |
| <b>LOCOMOTOR SYSTEM</b>                                                       |                           |
| <b>ANTIMYASTHENIC AGENT - REVERSIBLE CHOLINESTERASE INHIBITORS</b>            |                           |
| pyridostigmine bromide oral syrup                                             |                           |
| pyridostigmine bromide oral tablet 60 mg                                      |                           |
| pyridostigmine bromide oral tablet extended release 180 mg                    |                           |
| <b>ANTIMYASTHENIC AGENTS OTHER</b>                                            |                           |
| FIRDAPSE                                                                      | PA; QL                    |
| <b>DUCHENNE MUSCULAR DYSTROPHY - HISTONE DEACETYLASE (HDAC) INHIBITOR</b>     |                           |
| DUVYZAT                                                                       | PA; QL                    |
| <b>FIBRODYSPLASIA OSSIFICANS PROGRESSIVA-RETINOIC ACID RECEPTOR AGONISTS</b>  |                           |
| SOHONOS                                                                       | PA; QL                    |
| <b>FRIEDREICH ATAXIA-NUCLEAR FACTOR ERYTHROID-REL.FACTOR2(NRF2) ACTIVATOR</b> |                           |
| SKYCLARYS                                                                     | PA; QL                    |
| <b>SKELETAL MUSCLE RELAXANT - ANALGESIC SALICYLATE COMBINATIONS</b>           |                           |
| carisoprodol-aspirin                                                          |                           |
| <b>SKELETAL MUSCLE RELAXANT - CENTRAL MUSCLE RELAXANTS</b>                    |                           |
| baclofen oral solution                                                        | PA; QL                    |
| baclofen oral suspension                                                      | PA; QL                    |
| baclofen oral tablet 10 mg, 20 mg, 5 mg                                       |                           |
| carisoprodol oral tablet 250 mg                                               | PA; QL                    |
| carisoprodol oral tablet 350 mg                                               |                           |
| chlorzoxazone oral tablet 500 mg                                              | QL                        |
| cyclobenzaprine oral tablet 10 mg, 5 mg                                       |                           |
| metaxalone oral tablet 800 mg                                                 | QL                        |
| methocarbamol oral tablet 500 mg, 750 mg                                      |                           |
| orphenadrine citrate oral                                                     |                           |
| OZOBAX                                                                        | PA; QL                    |
| OZOBAX DS                                                                     | PA; QL                    |
| tizanidine oral tablet                                                        |                           |
| <b>SKELETAL MUSCLE RELAXANT - DIRECT MUSCLE RELAXANTS</b>                     |                           |
| dantrolene oral                                                               |                           |
| <b>SKELETAL MUSCLE RELAXANT - OPIOID ANALGESIC COMBINATIONS</b>               |                           |
| carisoprodol-aspirin-codeine                                                  |                           |
| <b>SKELETAL MUSCLE RELAXANT, SALICYLATE, AND OPIOID ANALGESIC COMB.</b>       |                           |
| carisoprodol-aspirin-codeine                                                  |                           |
| <b>SPINAL MUSCULAR ATROPHY - MOTOR NEURON 2 (SMN2) SPLICING MODIFIER</b>      |                           |
| EVRYSDI                                                                       | PA; QL; MS                |
| <b>MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT (DME)</b>                   |                           |
| <b>MEDICAL SUPPLIES AND DME - BLOOD COLLECTION NEEDLES</b>                    |                           |
| MONOJECT BLOOD COLLECTION                                                     |                           |
| MULTI-DRAW NEEDLE                                                             |                           |
| <b>MEDICAL SUPPLIES AND DME - BLOOD GLUCOSE TESTS</b>                         |                           |
| CONTOUR NEXT TEST STRIPS                                                      | QL                        |
| CONTOUR PLUS TEST STRIP                                                       | QL                        |
| CONTOUR TEST STRIP                                                            | QL                        |
| FREESTYLE INSULINX STRIP                                                      | QL                        |
| FREESTYLE INSULINX TEST STRIPS                                                | QL                        |
| FREESTYLE LITE STRIPS                                                         | QL                        |

| Product Description                                                        | Limits/Restrictions/Notes |
|----------------------------------------------------------------------------|---------------------------|
| FREESTYLE PRECISION NEO STRIPS                                             | QL                        |
| FREESTYLE TEST                                                             | QL                        |
| PRECISION PCX PLUS TEST                                                    | QL                        |
| PRECISION PCX TEST                                                         | QL                        |
| PRECISION POINT OF CARE TEST                                               | QL                        |
| PRECISION Q-I-D TEST                                                       | QL                        |
| PRECISION XTRA TEST                                                        | QL                        |
| <b>MEDICAL SUPPLIES AND DME - BLOOD GLUCOSE-KETONE COMB. TEST SUPPLIES</b> |                           |
| NOVA MAX PLUS GLUC-KETON METER                                             |                           |
| <b>MEDICAL SUPPLIES AND DME - CERVICAL CAPS</b>                            |                           |
| FEMCAP                                                                     |                           |
| <b>MEDICAL SUPPLIES AND DME - DIAPHRAGMS</b>                               |                           |
| CAYA CONTOURED                                                             |                           |
| WIDE-SEAL DIAPHRAGM 60                                                     |                           |
| WIDE-SEAL DIAPHRAGM 65                                                     |                           |
| WIDE-SEAL DIAPHRAGM 70                                                     |                           |
| WIDE-SEAL DIAPHRAGM 75                                                     |                           |
| WIDE-SEAL DIAPHRAGM 80                                                     |                           |
| WIDE-SEAL DIAPHRAGM 85                                                     |                           |
| WIDE-SEAL DIAPHRAGM 90                                                     |                           |
| WIDE-SEAL DIAPHRAGM 95                                                     |                           |
| <b>MEDICAL SUPPLIES AND DME - ENTERAL SYRINGES</b>                         |                           |
| MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML, 35 ML, 6 ML, 60 ML            |                           |
| MONOJECT ENFIT SYRINGE                                                     |                           |
| PISTON SYRINGE WITH ENFIT                                                  |                           |
| <b>MEDICAL SUPPLIES AND DME - FEMALE CONDOMS</b>                           |                           |
| FC2 FEMALE CONDOM                                                          |                           |
| <b>MEDICAL SUPPLIES AND DME - GLUCOSE MONITORING TEST SUPPLIES</b>         |                           |
| 2-IN-1 LANCET DEVICE                                                       |                           |
| 2TEK CONTROL (HIGH-NORMAL)                                                 |                           |
| ACCU-CHEK AVIVA CONTROL SOLN                                               |                           |
| ACCU-CHEK FASTCLIX LANCET DRUM                                             |                           |
| ACCU-CHEK FASTCLIX LANCING DEV                                             |                           |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL                                             |                           |
| ACCU-CHEK SAFE-T-PRO                                                       |                           |
| ACCU-CHEK SAFE-T-PRO PLUS                                                  |                           |
| ACCU-CHEK SMARTVIEW CONTRL SOL                                             |                           |
| ACCU-CHEK SOFT DEV LANCETS                                                 |                           |
| ACCU-CHEK SOFTCLIX LANCETS                                                 |                           |
| ACCUTREND GLUCOSE CONTROL                                                  |                           |
| ACTI-LANCE LANCETS                                                         |                           |
| ADJUSTABLE LANCING DEVICE                                                  |                           |
| ADVANCED LANCING DEVICE                                                    |                           |
| ADVANCED TRAVEL LANCETS 28 GAUGE                                           |                           |
| ADVOCATE LANCET                                                            |                           |
| ADVOCATE LANCING DEVICE                                                    |                           |
| ADVOCATE REDI-CODE PLUS CTRL L                                             |                           |
| ADVOCATE REDI-CODE+ CTRL HIGH                                              |                           |
| AGAMATRIX CONTROL SOLN-HIGH                                                |                           |
| AGAMATRIX CONTROL SOLN-NORMAL                                              |                           |

| Product Description                   | Limits/Restrictions/Notes |
|---------------------------------------|---------------------------|
| AGAMATRIX CONTROL SOLN-NORM-HI        |                           |
| AGAMATRIX ULTRA-THIN LANCET           |                           |
| ALKALINE BATTERIES                    |                           |
| ALTERNATE SITE LANCET                 |                           |
| ALTERNATE SITE LANCING DEVICE         |                           |
| AQUA LANCE LANCING DEVICE             |                           |
| ASSURE 4 CONTROL SOLUTION             |                           |
| ASSURE DOSE NORMAL CONTROL            |                           |
| ASSURE DOSE NORM-HI CONTROL           |                           |
| ASSURE LANCE                          |                           |
| ASSURE LANCE PLUS                     |                           |
| ASSURE PRISM CONTROL 1-2 SOLN         |                           |
| AUTO-LANCET MINI                      |                           |
| AUTOLET IMPRESSION LANC DEV           |                           |
| AUTOLET LANCING DEVICE                |                           |
| AUTOLET LITE                          |                           |
| BD MICROTAINER LANCET                 |                           |
| blood glucose contrl hi,normal        |                           |
| blood glucose control, normal         |                           |
| BREEZE 2 CONTROL SOLUTION, LOW        |                           |
| BREEZE 2 CONTROL SOLUTION, NML        |                           |
| BREEZE 2 CONTROL SOLUTION,HIGH        |                           |
| BULLSEYE MINI SAFETY LANCETS          |                           |
| BUTTERFLY TOUCH LANCET                |                           |
| CAREONE LANCING DEVICE                |                           |
| CAREONE ULTRA THIN LANCET             |                           |
| CARESENS CONTROL A AND B              |                           |
| CARESENS LANCETS                      |                           |
| CARESENS S CONTROL A AND B            |                           |
| CARETOUCH CONTROL SOLN L2-L3          |                           |
| CARETOUCH LANCING DEVICE              |                           |
| CARETOUCH SAFETY LANCETS              |                           |
| CARETOUCH TWIST LANCET                |                           |
| CHEMSTRIP BG LOG BOOK                 |                           |
| CHOSEN LANCET                         |                           |
| CHOSEN LANCING DEVICE                 |                           |
| CHOSEN SAFETY LANCET                  |                           |
| CLEVER CHEK LANCETS                   |                           |
| CLEVER CHOICE LEVEL 1 CONTROL         |                           |
| CLEVER CHOICE LEVEL 2 CONTROL         |                           |
| CLEVER CHOICE LEVEL 3 CONTROL         |                           |
| COAGUCHEK LANCETS                     |                           |
| COLOR LANCETS                         |                           |
| COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE |                           |
| COMFORT TOUCH PLUS SAFETY LANC        |                           |
| COMFORT TOUCH ULT THIN LANCETS        |                           |
| CONTOUR CONTROL SOLUTION, HIGH        |                           |
| CONTOUR CONTROL SOLUTION, LOW         |                           |
| CONTOUR CONTROL SOLUTION, NML         |                           |
| CONTOUR METER                         |                           |

| Product Description            | Limits/Restrictions/Notes |
|--------------------------------|---------------------------|
| CONTOUR NEXT EZ METER          |                           |
| CONTOUR NEXT EZ METER SYSTEM   |                           |
| CONTOUR NEXT GEN METER         |                           |
| CONTOUR NEXT GEN METER KIT     |                           |
| CONTOUR NEXT GLUCOSE METER KIT |                           |
| CONTOUR NEXT LEV 1 CONTROL SOL |                           |
| CONTOUR NEXT LEV 2 CONTROL SOL |                           |
| CONTOUR NEXT LINK 2.4          |                           |
| CONTOUR NEXT LINK METER        |                           |
| CONTOUR NEXT METER             |                           |
| CONTOUR NEXT ONE METER         |                           |
| CONTOUR PLUS BLUE METER        |                           |
| DEXCOM G6 RECEIVER             | PA; QL                    |
| DEXCOM G6 SENSOR               | PA; QL                    |
| DEXCOM G6 TRANSMITTER          | PA; QL                    |
| DEXCOM G7 RECEIVER             | PA; QL                    |
| DEXCOM G7 SENSOR               | PA; QL                    |
| DIATRUE CONTROL SOLN NORMAL    |                           |
| DIATRUE CONTROL SOLUTION HIGH  |                           |
| DIATRUE CONTROL SOLUTION LOW   |                           |
| DROPLET GENTEEL LANCING DEVICE |                           |
| DROPLET LANCETS                |                           |
| DROPLET LANCING DEVICE         |                           |
| EASY COMFORT LANCETS           |                           |
| EASY MINI EJECT LANCING DEVICE |                           |
| EASY PLUS II HIGH CONTROL      |                           |
| EASY PLUS II LOW CONTROL       |                           |
| EASY STEP HIGH CONTROL SOLN    |                           |
| EASY STEP LOW CONTROL SOLUTION |                           |
| EASY STEP NORMAL CONTROL SOLN  |                           |
| EASY TALK HIGH CONTROL         |                           |
| EASY TALK LOW CONTROL          |                           |
| EASY TALK PLUS II HIGH CONTROL |                           |
| EASY TALK PLUS II LOW CONTROL  |                           |
| EASY TOUCH BLU CTRL SOLN-L1,L3 |                           |
| EASY TOUCH HIGH-LOW CONTROL    |                           |
| EASY TOUCH LANCETS             |                           |
| EASY TOUCH LANCING DEVICE      |                           |
| EASY TOUCH SAFETY LANCETS      |                           |
| EASY TOUCH TWIST LANCETS       |                           |
| EASY TRAK HIGH CONTROL         |                           |
| EASY TRAK II CTRL SOLN-NORMAL  |                           |
| EASY TRAK LOW CONTROL          |                           |
| EASY TWIST AND CAP LANCETS     |                           |
| EASYMAX 15 LEVEL 2             |                           |
| EASYMAX NORMAL CONTROL         |                           |
| ELEMENT COMPACT HIGH CONTROL   |                           |
| ELEMENT COMPACT NORMAL CONTROL |                           |
| ELEMENT HIGH CONTROL           |                           |
| ELEMENT LOW CONTROL            |                           |

| Product Description            | Limits/Restrictions/Notes |
|--------------------------------|---------------------------|
| ELEMENT NORMAL CONTROL         |                           |
| EMBRACE EVO LEVEL 1            |                           |
| EMBRACE GLUCOSE CONTROL HIGH   |                           |
| EMBRACE GLUCOSE CONTROL LOW    |                           |
| EMBRACE LANCETS                |                           |
| EMBRACE LANCING DEVICE         |                           |
| EMBRACE PRO                    |                           |
| EMBRACE SAFETY LANCET          |                           |
| EMBRACE TALK CONTROL-HIGH (L2) |                           |
| EMBRACE TALK CONTROL-LOW (L1)  |                           |
| EVENCARE G3 CONTROL            |                           |
| EVOLUTION NORMAL CONTROL       |                           |
| E-Z JECT LANCETS               |                           |
| E-Z JECT THIN LANCETS          |                           |
| EZ SMART LANCETS               |                           |
| FINGERSTIX LANCETS             |                           |
| FORA HIGH CONTROL              |                           |
| FORA LANCING DEVICE            |                           |
| FORA LOW CONTROL               |                           |
| FORA NORMAL CONTROL            |                           |
| FORACARE GDH HIGH CONTROL      |                           |
| FORACARE GDH LOW CONTROL       |                           |
| FORACARE GDH NORMAL CONTROL    |                           |
| FORACARE LANCETS               |                           |
| FREESTYLE CONTROL              |                           |
| FREESTYLE FLASH SYSTEM         |                           |
| FREESTYLE FREEDOM              |                           |
| FREESTYLE FREEDOM LITE         |                           |
| FREESTYLE INSULINX             |                           |
| FREESTYLE LANCETS              |                           |
| FREESTYLE LIBRE 14 DAY READER  | QL                        |
| FREESTYLE LIBRE 14 DAY SENSOR  | QL                        |
| FREESTYLE LIBRE 2 PLUS SENSOR  | QL                        |
| FREESTYLE LIBRE 2 READER       | QL                        |
| FREESTYLE LIBRE 2 SENSOR       | QL                        |
| FREESTYLE LIBRE 3 PLUS SENSOR  | QL                        |
| FREESTYLE LIBRE 3 READER       | QL                        |
| FREESTYLE LIBRE 3 SENSOR       | QL                        |
| FREESTYLE LITE METER           |                           |
| FREESTYLE PRECISION NEO METER  |                           |
| FREESTYLE SYSTEM KIT           |                           |
| FREESTYLE UNISTIK 2            |                           |
| GE100 CONTROL SOLUTION NORMAL  |                           |
| GENTEEL VACUUM LANCING DEVICE  |                           |
| GLUCOCARD 01 HI-NORMAL CONTROL |                           |
| GLUCOCARD 01 NORMAL CONTROL    |                           |
| GLUCOCARD EXPRESSION SOLUTION  |                           |
| GLUCOCARD SHINE                |                           |
| GLUCOCOM AUTOLINK              |                           |
| GLUCOCOM CONTROL HIGH          |                           |

| Product Description             | Limits/Restrictions/Notes |
|---------------------------------|---------------------------|
| GLUCOCOM CONTROL NORMAL         |                           |
| GLUCOCOM LANCETS                |                           |
| GLUCOSE CONTROL                 |                           |
| GLUCOSE KETONE CONTROL SOLN     |                           |
| GOJJI GLUCOSE CNTRL SOL-NORMAL  |                           |
| GOJJI LANCETS                   |                           |
| GOJJI LANCING DEVICE            |                           |
| HEALTHPRO HIGH-LOW CONTROL      |                           |
| HYPOLANCE AST LANCING           |                           |
| IHEALTH CONTROL SOLN LEVEL 2    |                           |
| INCONTROL LANCING DEVICE        |                           |
| INCONTROL SUPER THIN LANCETS    |                           |
| INCONTROL ULTRA THIN LANCETS    |                           |
| INFINITY CONTROL SOLUTION HIGH  |                           |
| INFINITY CONTROL SOLUTION LOW   |                           |
| INFINITY CONTROL SOLUTION NORM  |                           |
| INJECT EASE LANCETS             |                           |
| INSUL-CAP                       |                           |
| INSUL-EZE                       |                           |
| INVACARE LANCETS                |                           |
| lancets                         |                           |
| LANCETS, SUPER THIN             |                           |
| LANCETS,THIN                    |                           |
| LANCETS,ULTRA THIN              |                           |
| lancing device                  |                           |
| LANCING DEVICE WITH LANCETS     |                           |
| lancing device with lancets kit |                           |
| LANCING SYSTEM                  |                           |
| LANZO LANCING DEVICE            |                           |
| MEDISENSE                       |                           |
| MEDISENSE GLUCOSE KETONE        |                           |
| MEDISENSE MID CONTROL           |                           |
| MEDISENSE THIN LANCETS          |                           |
| MEDLANCE PLUS LANCETS           |                           |
| MEDLANCE PLUS SPECIAL BLADE     |                           |
| MICRO THIN LANCETS              |                           |
| MICRODOT HIGH-LOW CONTROL       |                           |
| MICRODOT NORMAL CONTROL         |                           |
| MICROLET 2 LANCING DEVICE       |                           |
| MICROLET LANCET                 |                           |
| MICROLET NEXT LANCING DEVICE    |                           |
| MINI LANCING DEVICE             |                           |
| MOBILE LANCETS                  |                           |
| MONOLET LANCETS                 |                           |
| MONOLET THIN LANCETS            |                           |
| MULTI-LANCET DEVICE 2           |                           |
| MYGLUCOHEALTH CONTROL SOLUTION  |                           |
| MYGLUCOHEALTH LANCETS           |                           |
| NOVA SAFETY LANCETS             |                           |
| NOVA SUREFLEX LANCETS           |                           |

| Product Description                 | Limits/Restrictions/Notes |
|-------------------------------------|---------------------------|
| NOVAMAX PLUS GLU-KET                |                           |
| ON CALL EXPRESS CONTROL             |                           |
| ON CALL LANCET                      |                           |
| ON CALL LANCING DEVICE              |                           |
| ONETOUCH DELICA PLUS LANC DEV       |                           |
| ONETOUCH DELICA PLUS LANCET         |                           |
| ONETOUCH DELICA SAFETY LANCET       |                           |
| ONETOUCH ULTRA CONTROL              |                           |
| ONETOUCH ULTRASOFT 2 LANCET         |                           |
| ONETOUCH VERIO HIGH CONTROL         |                           |
| ONETOUCH VERIO MID CONTROL          |                           |
| ON-THE-GO LANCETS                   |                           |
| OVAL TAPE                           |                           |
| PERFECT POINT SAFETY LANCETS        |                           |
| PIP GLUCOSE CONTROL SOLN L1-L2      |                           |
| PIP LANCET                          |                           |
| PRECISION XTRA MONITOR              |                           |
| PRESSURE ACTIVATED LANCETS          |                           |
| PRO COMFORT LANCET                  |                           |
| PRO COMFORT SAFETY LANCET           |                           |
| PRODIGY CONTROL SOLUTION, LOW       |                           |
| PRODIGY CONTROL SOLUTION,HIGH       |                           |
| PRODIGY LANCETS                     |                           |
| PRODIGY LANCING DEVICE              |                           |
| PRODIGY TWIST TOP LANCET            |                           |
| PURE COMFORT LANCETS                |                           |
| PURE COMFORT SAFETY LANCETS         |                           |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE |                           |
| REFUAH PLUS GLUCOSE CONTROL         |                           |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE  |                           |
| RELIAMED MINI LANCING DEVICE        |                           |
| RELIAMED SAFETY SEAL LANCETS        |                           |
| RIGHTEST CONTROL SOLUTION HIGH      |                           |
| RIGHTEST CONTROL SOLUTION NORM      |                           |
| RIGHTEST GD500 LANCING DEVICE       |                           |
| RIGHTEST GL300 LANCETS              |                           |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE   |                           |
| SAFETY SEAL LANCETS                 |                           |
| SAFETY-LET LANCETS                  |                           |
| SIL-SERTER                          |                           |
| SINGLE-LET                          |                           |
| SMART SENSE LANCETS                 |                           |
| SMARTDIABETES VANTAGE               |                           |
| SMARTTEST CONTROL                   |                           |
| SMARTTEST LANCET                    |                           |
| SOLUS V2 CONTROL SOLUTION, LOW      |                           |
| SOLUS V2 CONTROL SOLUTION,HIGH      |                           |
| SOLUS V2 LANCETS                    |                           |
| SOLUS V2 LANCING DEVICE             |                           |
| STERILANCE TL                       |                           |

| Product Description                           | Limits/Restrictions/Notes |
|-----------------------------------------------|---------------------------|
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE         |                           |
| SURE COMFORT LANCETS                          |                           |
| SURE COMFORT LANCING PEN                      |                           |
| SUREFLEX DEVICE WITH LANCETS                  |                           |
| SURE-LANCE                                    |                           |
| SURE-LANCE ULTRA THIN                         |                           |
| SURE-PEN LANCING DEVICE                       |                           |
| SURE-TEST EASYPLUS MINI SOLUTION              |                           |
| SURE-TOUCH LANCET                             |                           |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE |                           |
| TELCARE CONTROL                               |                           |
| TELCARE LANCETS                               |                           |
| THIN LANCETS                                  |                           |
| TOPCARE UNIVERSAL1 LANCET                     |                           |
| TRUE COMFORT LANCET                           |                           |
| TRUE METRIX LEVEL 1                           |                           |
| TRUE METRIX LEVEL 2                           |                           |
| TRUE METRIX LEVEL 3                           |                           |
| TRUEDRAW LANCING DEVICE                       |                           |
| TRUEPLUS LANCETS                              |                           |
| TWIST LANCETS                                 |                           |
| ULTI-LANCE                                    |                           |
| ULTILET BASIC LANCETS                         |                           |
| ULTILET CLASSIC LANCETS                       |                           |
| ULTILET LANCETS                               |                           |
| ULTILET SAFETY LANCETS                        |                           |
| ULTRA THIN II LANCETS                         |                           |
| ULTRA THIN LANCETS                            |                           |
| ULTRA THIN PLUS LANCETS                       |                           |
| ULTRA TLC LANCETS                             |                           |
| ULTRA-CARE LANCETS                            |                           |
| ULTRALANCE LANCETS                            |                           |
| ULTRA-THIN II LANCETS                         |                           |
| ULTRATRAK HIGH-LOW CONTROL                    |                           |
| ULTRATRAK NORMAL CONTROL                      |                           |
| ULTRATRAK ULTIMATE SOLUTION                   |                           |
| UNILET COMFORTOUCH LANCET                     |                           |
| UNILET GP LANCET                              |                           |
| UNILET LANCET                                 |                           |
| UNILET LANCETS                                |                           |
| UNILET SUPER THIN LANCETS                     |                           |
| UNISTIK 2 DEVICE                              |                           |
| UNISTIK 2 NORMAL LANCET                       |                           |
| UNISTIK 3 COMFORT LANCET                      |                           |
| UNISTIK 3 EXTRA LANCET                        |                           |
| UNISTIK 3 GENTLE                              |                           |
| UNISTIK 3 NORMAL LANCET                       |                           |
| UNISTIK COMFORT LANCETS                       |                           |
| UNISTIK CZT LANCET                            |                           |
| UNISTIK EXTRA LANCETS                         |                           |

| Product Description                                                                                                                                                                                                                                                                                                                                                                                                            | Limits/Restrictions/Notes |
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| UNISTIK NORMAL LANCETS                                                                                                                                                                                                                                                                                                                                                                                                         |                           |
| UNISTIK PRO LANCET                                                                                                                                                                                                                                                                                                                                                                                                             |                           |
| UNISTIK SAFETY                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| UNISTIK TOUCH LANCETS                                                                                                                                                                                                                                                                                                                                                                                                          |                           |
| UNISTRIP LOW CONTROL                                                                                                                                                                                                                                                                                                                                                                                                           |                           |
| UNIVERSAL 1 LANCETS                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
| VERIFINE SAFETY LANCET MINI                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| VERIFINE UNIVERSAL LANCET                                                                                                                                                                                                                                                                                                                                                                                                      |                           |
| VIVAGUARD INO CTRL SOLN-L1,2,3                                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| VIVAGUARD INO CTRL SOLN-L1,L3                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| VIVAGUARD INO CTRL SOLN-L2                                                                                                                                                                                                                                                                                                                                                                                                     |                           |
| VIVAGUARD LANCET                                                                                                                                                                                                                                                                                                                                                                                                               |                           |
| VIVAGUARD LANCING DEVICE                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| VIVAGUARD SAFETY LANCET                                                                                                                                                                                                                                                                                                                                                                                                        |                           |
| <b>MEDICAL SUPPLIES AND DME - INSULIN NEEDLES-SYRINGES AND ADMIN SUPPLIES</b>                                                                                                                                                                                                                                                                                                                                                  |                           |
| 1ST TIER UNIFINE PENTIPS                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| 1ST TIER UNIFINE PENTIPS PLUS                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"                                                                                                                                                                                                                                                                                                                              |                           |
| 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                                                                                                                                                                                                                                                       |                           |
| AQINJECT PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
| ASSURE ID DUO PRO SFTY PEN NDL                                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| ASSURE ID PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                           |                           |
| ASSURE ID PRO PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| AUTOJECT 2 INJECTION DEVICE                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| AUTOPEN 1 TO 21 UNITS                                                                                                                                                                                                                                                                                                                                                                                                          |                           |
| AUTOPEN 2 TO 42 UNITS                                                                                                                                                                                                                                                                                                                                                                                                          |                           |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                                                               |                           |
| BD SAFETYGLIDE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"                                                                                                                                                                                                                                                                                                                                                                            |                           |
| CAREFINE PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
| CARETOUCH INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                      |                           |
| CARETOUCH PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                           |                           |
| CLICKFINE PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                           |                           |
| 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" |                           |
| COMFORT EZ PEN NEEDLES                                                                                                                                                                                                                                                                                                                                                                                                         |                           |
| COMFORT EZ PRO SAFETY PEN NDL                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| COMFORT TOUCH PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| 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"                                                                                                                                                                                                                                     |                           |
| 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                                                                                                   |                           |
| DROPLET MICRON PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                      |                           |
| DROPLET PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                             |                           |
| DROPSAFE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| DROPSAFE PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                            |                           |

| Product Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Limits/Restrictions/Notes |
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| 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"                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |
| 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"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |
| EASY COMFORT SAFETY PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |
| EASY GLIDE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |
| EASY GLIDE PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |
| EASY TOUCH FLIPLOCK INSULIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |
| EASY TOUCH INSULIN SAFETY SYR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |
| 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"                                                                                                                                                                                                                                                                                                                                                                             |                           |
| EASY TOUCH LUER LOCK INSULIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| EASY TOUCH NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| EASY TOUCH PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |
| EASY TOUCH SAFETY PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| EASY TOUCH SHEATHLOCK INSULIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |
| EASY TOUCH UNI-SLIP SYRINGE 1 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |
| EMBRACE PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| EXEL INSULIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| EXTENDED RESERVOIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| FREESTYLE PRECISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| HEALTHWISE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |
| HEALTHWISE PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |
| INCONTROL PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |
| INPEN (FOR HUMALOG) BLUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QL                        |
| INPEN (FOR HUMALOG) GREY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QL                        |
| INPEN (FOR HUMALOG) PINK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QL                        |
| INPEN (NOVOLOG OR FIASP) BLUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | QL                        |
| INPEN (NOVOLOG OR FIASP) GREY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | QL                        |
| INPEN (NOVOLOG OR FIASP) PINK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | QL                        |
| insulin syr/ndl u100 half mark                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |
| INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |
| 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, 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, 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" |                           |
| insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |
| INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| 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"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |
| MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| MAXICOMFORT II PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |
| MAXICOMFORT INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |
| MAXI-COMFORT INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| MAXICOMFORT SAFETY PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |
| MINI ULTRA-THIN II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| MONOJECT INSULIN SAFETY SYRING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |

| Product Description                                                                                                                                                                                                                | Limits/Restrictions/Notes |
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| 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" |                           |
| MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE                                                                                                                                                                                           |                           |
| MONOJECT ULTRA COMFORT INSULIN                                                                                                                                                                                                     |                           |
| NOVOFINE 32                                                                                                                                                                                                                        |                           |
| NOVOFINE PLUS                                                                                                                                                                                                                      |                           |
| NOVOPEN ECHO                                                                                                                                                                                                                       |                           |
| PARADIGM RESERVOIR                                                                                                                                                                                                                 |                           |
| PEN NEEDLE                                                                                                                                                                                                                         |                           |
| pen needle, diabetic                                                                                                                                                                                                               |                           |
| pen needle, diabetic, safety                                                                                                                                                                                                       |                           |
| PENTIPS PEN NEEDLE                                                                                                                                                                                                                 |                           |
| PIP PEN NEEDLE                                                                                                                                                                                                                     |                           |
| PREVENT DROPSAFE PEN NEEDLE                                                                                                                                                                                                        |                           |
| PRO COMFORT INSULIN SYRINGE                                                                                                                                                                                                        |                           |
| PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"                                                                                                                                                  |                           |
| PRODIGY INSULIN SYRINGE                                                                                                                                                                                                            |                           |
| PURE COMFORT PEN NEEDLE                                                                                                                                                                                                            |                           |
| PURE COMFORT SAFETY PEN NEEDLE                                                                                                                                                                                                     |                           |
| 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"                                                                                                                             |                           |
| SAFETY PEN NEEDLE                                                                                                                                                                                                                  |                           |
| SECURESAFE INSULIN SYRINGE                                                                                                                                                                                                         |                           |
| SECURESAFE PEN NEEDLE                                                                                                                                                                                                              |                           |
| SKY SAFETY PEN NEEDLE                                                                                                                                                                                                              |                           |
| 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"                           |                           |
| SURE COMFORT PEN NEEDLE                                                                                                                                                                                                            |                           |
| SURE COMFORT SAFETY PEN NEEDLE                                                                                                                                                                                                     |                           |
| SURE-FINE PEN NEEDLES                                                                                                                                                                                                              |                           |
| 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"                               |                           |
| 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                                                                                                                                |                           |
| 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"                                                                |                           |
| 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"                                                                                                                  |                           |
| TECHLITE PLUS PEN NEEDLE                                                                                                                                                                                                           |                           |
| 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"                                                                                                                    |                           |
| 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"                                                                                                                               |                           |
| THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"                                                                                                                                                 |                           |
| TOPCARE CLICKFINE                                                                                                                                                                                                                  |                           |
| TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                                                                                                 |                           |
| TRUE COMFORT INSULIN SYRINGE                                                                                                                                                                                                       |                           |
| TRUE COMFORT PEN NEEDLE                                                                                                                                                                                                            |                           |
| TRUE COMFORT PRO INS SYRINGE                                                                                                                                                                                                       |                           |
| TRUE COMFORT SAFE INSULIN SYRG                                                                                                                                                                                                     |                           |

| Product Description                                                                                                                                                                                                                                                                                                                   | Limits/Restrictions/Notes |
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| TRUE COMFORT SAFETY PEN NEEDLE                                                                                                                                                                                                                                                                                                        |                           |
| TRUEPLUS INSULIN                                                                                                                                                                                                                                                                                                                      |                           |
| TRUEPLUS PEN NEEDLE                                                                                                                                                                                                                                                                                                                   |                           |
| ULTICARE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                              |                           |
| ULTICARE INSULN SYR(HALF UNIT)                                                                                                                                                                                                                                                                                                        |                           |
| ULTICARE PEN NEEDLE                                                                                                                                                                                                                                                                                                                   |                           |
| ULTICARE SAFETY PEN NEEDLE                                                                                                                                                                                                                                                                                                            |                           |
| ULTICARE SYR 0.3 ML 30GX1/2" (WITH SYRINGE CONTAINER)                                                                                                                                                                                                                                                                                 |                           |
| ULTICARE SYR 0.5 ML 30GX1/2" (WITH SYRINGE CONTAINER)                                                                                                                                                                                                                                                                                 |                           |
| 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"                                                                                                                                                                                                                                                 |                           |
| 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                                                                                                                                                                                                                                               |                           |
| ULTICARE SYRINGE 1 ML 30GX1/2" (WITH SYRINGE CONTAINER)                                                                                                                                                                                                                                                                               |                           |
| ULTIGUARD SAFEPAK-INSULIN SYR                                                                                                                                                                                                                                                                                                         |                           |
| ULTIGUARD SAFEPAK-PEN NEEDLE                                                                                                                                                                                                                                                                                                          |                           |
| 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                                                                                                                                                                                       |                           |
| ULTILET PEN NEEDLE                                                                                                                                                                                                                                                                                                                    |                           |
| ULTRA CMFT INS SYR (HALF UNIT)                                                                                                                                                                                                                                                                                                        |                           |
| ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 |                           |
| ULTRA FLO INSUL SYR(HALF UNIT)                                                                                                                                                                                                                                                                                                        |                           |
| ULTRA FLO INSULIN SYRINGE                                                                                                                                                                                                                                                                                                             |                           |
| ULTRA FLO PEN NEEDLE                                                                                                                                                                                                                                                                                                                  |                           |
| ULTRA THIN PEN NEEDLE                                                                                                                                                                                                                                                                                                                 |                           |
| ULTRACARE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                             |                           |
| ULTRACARE PEN NEEDLE                                                                                                                                                                                                                                                                                                                  |                           |
| ULTRA-THIN II (SHORT) INS SYR                                                                                                                                                                                                                                                                                                         |                           |
| ULTRA-THIN II (SHORT) PEN NDL                                                                                                                                                                                                                                                                                                         |                           |
| ULTRA-THIN II INS PEN NEEDLES                                                                                                                                                                                                                                                                                                         |                           |
| ULTRA-THIN II INSULIN SYRINGE                                                                                                                                                                                                                                                                                                         |                           |
| UNIFINE PENTIPS MAXFLOW                                                                                                                                                                                                                                                                                                               |                           |
| 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"                                                                                                                                                                                      |                           |
| UNIFINE PENTIPS PLUS                                                                                                                                                                                                                                                                                                                  |                           |
| UNIFINE PENTIPS PLUS MAXFLOW                                                                                                                                                                                                                                                                                                          |                           |
| UNIFINE PROTECT                                                                                                                                                                                                                                                                                                                       |                           |
| UNIFINE SAFECONTROL PEN NEEDLE                                                                                                                                                                                                                                                                                                        |                           |
| UNIFINE ULTRA PEN NEEDLE                                                                                                                                                                                                                                                                                                              |                           |
| VANISHPOINT INSULIN SYRINGE                                                                                                                                                                                                                                                                                                           |                           |
| VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                                                                                                                                                                                                                              |                           |
| VERIFINE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                              |                           |
| 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"                                                                                                                                                                                                                     |                           |
| VERIFINE PLUS PEN NEEDLE                                                                                                                                                                                                                                                                                                              |                           |
| <b>MEDICAL SUPPLIES AND DME - MISCELLANEOUS OTHER</b>                                                                                                                                                                                                                                                                                 |                           |
| T:FLEX                                                                                                                                                                                                                                                                                                                                |                           |
| T:SLIM X2                                                                                                                                                                                                                                                                                                                             |                           |
| <b>MEDICAL SUPPLIES AND DME - NEEDLES AND SYRINGES</b>                                                                                                                                                                                                                                                                                |                           |
| BD BLUNT PLASTIC CANNULA SYRINGE                                                                                                                                                                                                                                                                                                      |                           |

| Product Description                                                                                                                                                                                                                                                                                                                                 | Limits/Restrictions/Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| BD BULK SYRINGE SLIP TIP SYRINGE 1 ML                                                                                                                                                                                                                                                                                                               |                           |
| BD ECLIPSE                                                                                                                                                                                                                                                                                                                                          |                           |
| BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 30 X 1/2 "                                                                                                                                                                                                                                                                         |                           |
| 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"                                                                                                                                                                                                                                                                  |                           |
| BD FILTER NEEDLE 5-MICRON NOKO                                                                                                                                                                                                                                                                                                                      |                           |
| BD FILTER NEEDLE-5 MICRON                                                                                                                                                                                                                                                                                                                           |                           |
| BD INTEGRA NEEDLE                                                                                                                                                                                                                                                                                                                                   |                           |
| BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"                                                                                                                                                                                                                                     |                           |
| BD INTERLINK BLUNT PLASTIC CAN                                                                                                                                                                                                                                                                                                                      |                           |
| BD INTERLINK SYRINGE                                                                                                                                                                                                                                                                                                                                |                           |
| BD INTRADERMAL BEVEL NEEDLES                                                                                                                                                                                                                                                                                                                        |                           |
| BD LUER-LOK BULK SYRINGE                                                                                                                                                                                                                                                                                                                            |                           |
| 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 |                           |
| BD LUER-LOK TIP CONTROL SYRING                                                                                                                                                                                                                                                                                                                      |                           |
| BD NOKOR ADMIX NEEDLE                                                                                                                                                                                                                                                                                                                               |                           |
| BD PRECISIONGLIDE NEEDLE                                                                                                                                                                                                                                                                                                                            |                           |
| BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8"                                                                                                                                                                                      |                           |
| BD QUINCKE SPINAL NEEDLE                                                                                                                                                                                                                                                                                                                            |                           |
| BD REGULAR BEVEL NEEDLES NEEDLE 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", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2"                                                                                       |                           |
| 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"                                                                                                                                                                                                |                           |
| BD SAFETYGLIDE SHIELDING REG                                                                                                                                                                                                                                                                                                                        |                           |
| BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"                                                                                                                                                                                                                                                                     |                           |
| BD SAFETYGLIDE TB REG BEVEL                                                                                                                                                                                                                                                                                                                         |                           |
| BD SLIP TIP SYRINGE                                                                                                                                                                                                                                                                                                                                 |                           |
| B-D SLIP TIP SYRINGE                                                                                                                                                                                                                                                                                                                                |                           |
| BD SPECIALTY USE NEEDLES                                                                                                                                                                                                                                                                                                                            |                           |
| BD SYRINGE                                                                                                                                                                                                                                                                                                                                          |                           |
| BD SYRINGE CATH TIP NONSTERILE                                                                                                                                                                                                                                                                                                                      |                           |
| BD SYRINGE CATHETER TIP                                                                                                                                                                                                                                                                                                                             |                           |
| BD SYRINGE LUER-LOK NONSTERILE                                                                                                                                                                                                                                                                                                                      |                           |
| BD SYRINGE LUER-LOK STERILE                                                                                                                                                                                                                                                                                                                         |                           |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML                                                                                                                                                                                                                                                                                                        |                           |
| BD SYRINGE-DUAL CANNULA                                                                                                                                                                                                                                                                                                                             |                           |
| BD TUBERCULIN SLIP-TIP                                                                                                                                                                                                                                                                                                                              |                           |
| BD TUBERCULIN SYRINGE                                                                                                                                                                                                                                                                                                                               |                           |
| blunt needle, disposable needle 18 x 1 1/2 ", 22 x 1 1/2 "                                                                                                                                                                                                                                                                                          |                           |
| CAREPOINT LUER LOCK SYRINGE                                                                                                                                                                                                                                                                                                                         |                           |
| CAREPOINT LUER LOCK SYR-NEEDLE                                                                                                                                                                                                                                                                                                                      |                           |
| CAREPOINT LUER SLIP SYRINGE                                                                                                                                                                                                                                                                                                                         |                           |
| CAREPOINT LUER SLIP SYRING-NDL                                                                                                                                                                                                                                                                                                                      |                           |
| CAREPOINT PRECISION NEEDLE NEEDLE 21 GAUGE X 1"                                                                                                                                                                                                                                                                                                     |                           |
| CAREPOINT SAFETY LL SYR-NEEDLE                                                                                                                                                                                                                                                                                                                      |                           |
| CARETOUCH HYPODERMIC NEEDLE                                                                                                                                                                                                                                                                                                                         |                           |
| CARETOUCH LUER LOCK SYRINGE                                                                                                                                                                                                                                                                                                                         |                           |

| Product Description                                                                                                                                                                                                                                                                                                                                                                             | Limits/Restrictions/Notes |
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| CARETOUCH LUER LOCK SYR-NEEDLE                                                                                                                                                                                                                                                                                                                                                                  |                           |
| CARETOUCH LUER SLIP SYRINGE                                                                                                                                                                                                                                                                                                                                                                     |                           |
| DAVOL IRRIGATION SYRINGE                                                                                                                                                                                                                                                                                                                                                                        |                           |
| DAVOL PISTON IRRIGATION                                                                                                                                                                                                                                                                                                                                                                         |                           |
| DOVER BULB SYRINGE                                                                                                                                                                                                                                                                                                                                                                              |                           |
| DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                              |                           |
| EASY GLIDE CATHETER TIP SYRING                                                                                                                                                                                                                                                                                                                                                                  |                           |
| EASY GLIDE LUER LOCK SYRINGE                                                                                                                                                                                                                                                                                                                                                                    |                           |
| EASY GLIDE LUER SLIP TB SYRING                                                                                                                                                                                                                                                                                                                                                                  |                           |
| EASY TOUCH FLIPLOCK NEEDLE                                                                                                                                                                                                                                                                                                                                                                      |                           |
| EASY TOUCH FLIPLOCK SYRINGE                                                                                                                                                                                                                                                                                                                                                                     |                           |
| EASY TOUCH FLURINGE                                                                                                                                                                                                                                                                                                                                                                             |                           |
| EASY TOUCH FLURINGE FLIPLOCK                                                                                                                                                                                                                                                                                                                                                                    |                           |
| EASY TOUCH FLURINGE SHEATHLOCK                                                                                                                                                                                                                                                                                                                                                                  |                           |
| EASY TOUCH HYPODERMIC NEEDLE                                                                                                                                                                                                                                                                                                                                                                    |                           |
| EASY TOUCH LUER LOCK SYRINGE                                                                                                                                                                                                                                                                                                                                                                    |                           |
| EASY TOUCH SHEATHLOCK SYRG-NDL                                                                                                                                                                                                                                                                                                                                                                  |                           |
| EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML, 3 ML                                                                                                                                                                                                                                                                                                                                               |                           |
| EASY TOUCH SYRINGE                                                                                                                                                                                                                                                                                                                                                                              |                           |
| EASY TOUCH TUBERCULIN FLIPLOCK                                                                                                                                                                                                                                                                                                                                                                  |                           |
| EASY TOUCH TUBERCULIN SHEATHLK                                                                                                                                                                                                                                                                                                                                                                  |                           |
| EASY TOUCH UNI-SLIP SYRINGE 10 ML, 3 ML, 5 ML                                                                                                                                                                                                                                                                                                                                                   |                           |
| EASYPOINT NEEDLE                                                                                                                                                                                                                                                                                                                                                                                |                           |
| ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8"                                                                                                                                                                                                                                                                                                                                            |                           |
| ECLIPSE SYRINGE                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| EXCEL SYRINGE                                                                                                                                                                                                                                                                                                                                                                                   |                           |
| 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" |                           |
| EXEL SYRINGE SYRINGE 10 ML, 3 ML 27 GAUGE X 1 1/4", 30 ML, 50 ML                                                                                                                                                                                                                                                                                                                                |                           |
| filter needles needle 18 gauge x 1 1/2"                                                                                                                                                                                                                                                                                                                                                         |                           |
| FLOW-EZE VENTED NEEDLE                                                                                                                                                                                                                                                                                                                                                                          |                           |
| huber safety needles (disp.)                                                                                                                                                                                                                                                                                                                                                                    |                           |
| HYPODERMIC NEEDLES NEEDLE 21 GAUGE X 1", 23 GAUGE X 1 1/2", 26 GAUGE X 5/8"                                                                                                                                                                                                                                                                                                                     |                           |
| INTEGRA PRECISIONGLIDE NEEDLE                                                                                                                                                                                                                                                                                                                                                                   |                           |
| INTEGRA SYRINGE                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| INTERLINK SYRINGE AND CANNULA                                                                                                                                                                                                                                                                                                                                                                   |                           |
| LIFESHIELD BLUNT CANNULA                                                                                                                                                                                                                                                                                                                                                                        |                           |
| LUER LOCK SYRINGE SYRINGE 30 ML                                                                                                                                                                                                                                                                                                                                                                 |                           |
| LUER SLIP TIP SYRINGE TRAY                                                                                                                                                                                                                                                                                                                                                                      |                           |
| LUER-LOK TIP                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| MAGELLAN SAFETY SYRINGE                                                                                                                                                                                                                                                                                                                                                                         |                           |
| MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                                   |                           |
| MAGELLAN TUBERCULIN SAFETY SYR                                                                                                                                                                                                                                                                                                                                                                  |                           |
| MONOJECT 140CC PISTON SYRINGE                                                                                                                                                                                                                                                                                                                                                                   |                           |
| MONOJECT 3CC SYR 25GX1"                                                                                                                                                                                                                                                                                                                                                                         |                           |
| MONOJECT BLUNT CANNULAS NEEDLE 15 GAUGE X 1 1/2"                                                                                                                                                                                                                                                                                                                                                |                           |
| MONOJECT CONTROL SYRINGE LUER                                                                                                                                                                                                                                                                                                                                                                   |                           |
| MONOJECT DISPOSABLE SYRINGE                                                                                                                                                                                                                                                                                                                                                                     |                           |

| Product Description                                                                                                                                                                                                                                                                                                                                                                                                                             | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| MONOJECT FILTER ASPIRATOR                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| MONOJECT FILTER NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |
| 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"                                                                        |                           |
| MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2"                                                                                                                                                                                                                                                                                                                                                                                         |                           |
| MONOJECT LUER-LOCK TIP SYRINGE 12 ML                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
| MONOJECT MAGELLAN SAFETY SYRNG SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                             |                           |
| MONOJECT MEDICATION TRANSF NDL                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| MONOJECT PHARMACY TRAY LUER                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |
| MONOJECT PHARMACY TRAY REG TIP                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| MONOJECT REG TIP NON-STERILE                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| MONOJECT REGULAR LUER SYRINGE 3 ML, 35 ML, 6 ML                                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| MONOJECT SAFETY LUER LOCK TIP                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |
| 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                                                                                                                                                                                                                                                                                                                                     |                           |
| MONOJECT SMARTIP CANNULA                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |
| MONOJECT SYRINGE LUER LOK SYRINGE 35 ML, 60 ML                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| 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", 140 ML, 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" |                           |
| MONOJECT TB                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |
| MONOJECT TB LUER LOK                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
| MONOJECT TB SAFETY SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |
| MONOJECT TUBERCULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |
| needle (disp) 16 g                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |
| needle (disp) 18 g                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |
| needle (disp) 19 g                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |
| needle (disp) 23 gauge                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |
| needles, huber disposable                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| NOKOR NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| NORM-JECT                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| NORM-JECT TUBERKULIN                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
| PERFECT POINT SAFETY NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |
| POLY HUB NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| 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"                                                                                                                                                                                                                                                                       |                           |
| safety needles                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| SURGUARD2 SAFETY NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |
| 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"                                                                                                                               |                           |
| syringe (disposable) syringe 20 ml, 3 ml, 30 ml, 5 ml                                                                                                                                                                                                                                                                                                                                                                                           |                           |
| SYRINGE 3CC/20GX1"                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |
| SYRINGE 3CC/21GX1"                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |
| SYRINGE 3CC/21GX1-1/2"                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |
| SYRINGE 3CC/22GX1"                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |
| SYRINGE 3CC/22GX3/4"                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |

| Product Description                                                                                                                                                                                                                                                                                                                                                         | Limits/Restrictions/Notes |
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| SYRINGE 3CC/25GX1"                                                                                                                                                                                                                                                                                                                                                          |                           |
| 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"                                                                                                                                                                                                                                                                                    |                           |
| TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 21 GAUGE X 1 1/2"                                                                                                                                                                                                                                                                                                               |                           |
| TERUMO SYRINGE SYRINGE 3 ML 23 X 1", 30 ML                                                                                                                                                                                                                                                                                                                                  |                           |
| TOOMEY SYRINGE                                                                                                                                                                                                                                                                                                                                                              |                           |
| TUBERCULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                          |                           |
| ULTICARE LOW DEAD SPACE SYRING                                                                                                                                                                                                                                                                                                                                              |                           |
| ULTICARE SAFETY SYRINGE                                                                                                                                                                                                                                                                                                                                                     |                           |
| ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"                                                                                                                                                                                                                                                                                                                                       |                           |
| ULTICARE TB SAFETY SYRINGE                                                                                                                                                                                                                                                                                                                                                  |                           |
| 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" |                           |
| VANISHPOINT TUBERCULIN SYRINGE                                                                                                                                                                                                                                                                                                                                              |                           |
| YALE DISPOSABLE NEEDLES                                                                                                                                                                                                                                                                                                                                                     |                           |
| <b>MEDICAL SUPPLIES AND DME - PARENTERAL THERAPY SUPPLIES</b>                                                                                                                                                                                                                                                                                                               |                           |
| PHASEAL PROTECTOR                                                                                                                                                                                                                                                                                                                                                           |                           |
| syringe filter 50-0.22 mm-micron                                                                                                                                                                                                                                                                                                                                            |                           |
| <b>MEDICAL SUPPLIES AND DME - PEAK FLOW METERS</b>                                                                                                                                                                                                                                                                                                                          |                           |
| AIRZONE PEAK FLOW METER                                                                                                                                                                                                                                                                                                                                                     |                           |
| ASTHMA CHECK METER                                                                                                                                                                                                                                                                                                                                                          |                           |
| MINI WRIGHT PEAK FLOW METER                                                                                                                                                                                                                                                                                                                                                 |                           |
| PERSONAL BEST FULL RANGE                                                                                                                                                                                                                                                                                                                                                    |                           |
| <b>MEDICAL SUPPLIES AND DME - RESPIRATORY THERAPY SUPPLIES</b>                                                                                                                                                                                                                                                                                                              |                           |
| ACE AEROSOL CLOUD ENHANCER                                                                                                                                                                                                                                                                                                                                                  | QL                        |
| AEROCHAMBER MINI                                                                                                                                                                                                                                                                                                                                                            | QL                        |
| AEROCHAMBER MV                                                                                                                                                                                                                                                                                                                                                              | QL                        |
| AEROCHAMBER PLUS FLOW-VU                                                                                                                                                                                                                                                                                                                                                    | QL                        |
| AEROCHAMBER Z-STAT PLUS-FLW SG                                                                                                                                                                                                                                                                                                                                              | QL                        |
| AEROTRACH PLUS                                                                                                                                                                                                                                                                                                                                                              | QL                        |
| AEROVENT PLUS                                                                                                                                                                                                                                                                                                                                                               | QL                        |
| BREATHERITE MDI SPACER                                                                                                                                                                                                                                                                                                                                                      | QL                        |
| BREATHERITE VALVED MDI CHAMBER                                                                                                                                                                                                                                                                                                                                              | QL                        |
| BREATHERITE VALVED MDI SPACER                                                                                                                                                                                                                                                                                                                                               | QL                        |
| COMPACT SPACE CHAMBER                                                                                                                                                                                                                                                                                                                                                       | QL                        |
| EASIVENT HOLDING CHAMBER                                                                                                                                                                                                                                                                                                                                                    | QL                        |
| EASIVENT MASK LARGE                                                                                                                                                                                                                                                                                                                                                         | QL                        |
| EASIVENT MASK MEDIUM                                                                                                                                                                                                                                                                                                                                                        | QL                        |
| EASIVENT MASK SMALL                                                                                                                                                                                                                                                                                                                                                         | QL                        |
| FLEXICHAMBER-LG CHILD MASK                                                                                                                                                                                                                                                                                                                                                  | QL                        |
| FLEXICHAMBER-SM ADULT MASK                                                                                                                                                                                                                                                                                                                                                  | QL                        |
| FLEXICHAMBER-SM CHILD MASK                                                                                                                                                                                                                                                                                                                                                  | QL                        |
| LITE TOUCH-MEDIUM MASK                                                                                                                                                                                                                                                                                                                                                      | QL                        |
| LITEAIRE MDI CHAMBER                                                                                                                                                                                                                                                                                                                                                        | QL                        |
| LITETOUCH-LARGE MASK                                                                                                                                                                                                                                                                                                                                                        | QL                        |
| LITETOUCH-SMALL MASK                                                                                                                                                                                                                                                                                                                                                        | QL                        |
| MICROCHAMBER                                                                                                                                                                                                                                                                                                                                                                | QL                        |
| MICROSPACER                                                                                                                                                                                                                                                                                                                                                                 | QL                        |
| MOUTHPIECE                                                                                                                                                                                                                                                                                                                                                                  | QL                        |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| ONE WAY VALVED MOUTHPIECE                                                     | QL                        |
| OPTICHAMBER ADULT MASK-LARGE                                                  | QL                        |
| OPTICHAMBER DIAMOND VHC                                                       | QL                        |
| PANDA MASK                                                                    | QL                        |
| PEDIATRIC MEDIUM MASK                                                         | QL                        |
| PEDIATRIC PANDA MASK                                                          | QL                        |
| PEDIATRIC SMALL MASK                                                          | QL                        |
| POCKET CHAMBER                                                                | QL                        |
| PRIMEAIRE                                                                     | QL                        |
| PROCHAMBER                                                                    | QL                        |
| RITEFLO AEROCHAMBER                                                           | QL                        |
| SIDESTREAM PEDIATRIC FACE MASK                                                | QL                        |
| SILICONE MASK - INFANT                                                        | QL                        |
| SILICONE MASK - PEDIATRIC                                                     | QL                        |
| SPACE CHAMBER                                                                 | QL                        |
| VORTEX ADULT MASK                                                             | QL                        |
| VORTEX HOLDING CHAMBER                                                        | QL                        |
| <b>MEDICAL SUPPLIES AND DME - SUBCUTANEOUS INSULIN DELIVERY DEVICES</b>       |                           |
| ILET STARTER KIT CONTACT                                                      |                           |
| ILET STARTER KIT-INSET                                                        |                           |
| OMNIPOD 5 (G6/LIBRE 2 PLUS)                                                   | PA; QL                    |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5)                                                | PA; QL                    |
| OMNIPOD 5 G6-G7 PODS (GEN 5)                                                  | PA; QL                    |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS)                                                | PA; QL                    |
| OMNIPOD DASH INTRO KIT (GEN 4)                                                | PA; QL                    |
| OMNIPOD DASH PODS (GEN 4)                                                     | PA; QL                    |
| V-GO 20                                                                       |                           |
| V-GO 30                                                                       |                           |
| V-GO 40                                                                       |                           |
| <b>MEDICAL SUPPLIES AND DME - URINE GLUCOSE TESTS</b>                         |                           |
| DIASTIX                                                                       |                           |
| <b>MEDICAL SUPPLIES AND DME - URINE GLUCOSE-ACETONE COMBINATION TESTS</b>     |                           |
| KETO-DIASTIX                                                                  |                           |
| <b>MEDICAL SUPPLIES AND DME - URINE KETONE TESTS</b>                          |                           |
| CHEK-STIX CONTROL                                                             |                           |
| KETONE CARE                                                                   |                           |
| KETONE URINE TEST                                                             |                           |
| KETOSTIX                                                                      |                           |
| TRUEPLUS KETONE                                                               |                           |
| <b>MEDICAL SUPPLIES AND DME-GLUCOSE MONITORING AND INSULIN ADMIN SUPPLIES</b> |                           |
| AUTOSOFT 30                                                                   |                           |
| AUTOSOFT 90                                                                   |                           |
| AUTOSOFT XC INFUSION SET 23"                                                  |                           |
| AUTOSOFT XC INFUSION SET 32"                                                  |                           |
| AUTOSOFT XC INFUSION SET 43"                                                  |                           |
| MEDTRONIC EXT INFUSION SET 23"                                                |                           |
| MEDTRONIC EXT INFUSION SET 32"                                                |                           |
| MINIMED MIO ADVANCE INF SET23"                                                |                           |
| MINIMED MIO ADVANCE INF SET43"                                                |                           |
| MINIMED QUICK SET 18"                                                         |                           |

| Product Description                 | Limits/Restrictions/Notes |
|-------------------------------------|---------------------------|
| MINIMED QUICK SET 23"               |                           |
| MINIMED QUICK SET 32"               |                           |
| MINIMED QUICK SET 43"               |                           |
| MINIMED SILHOUETTE 18"              |                           |
| MINIMED SILHOUETTE 23"              |                           |
| MINIMED SILHOUETTE 32"              |                           |
| MINIMED SILHOUETTE 43"              |                           |
| MINIMED SURE T 18"                  |                           |
| MINIMED SURE T 23"                  |                           |
| MINIMED SURE T 32"                  |                           |
| MODD1 SUPPLY KIT                    | QL                        |
| TANDEM MOBI AUTOSOFT 30 KT 23"      |                           |
| TANDEM MOBI AUTOSOFT XC KIT 5"      |                           |
| TANDEM MOBI AUTOSOFT XC KT 23"      |                           |
| TANDEM MOBI AUTOSOFT30 14PK 23      |                           |
| TANDEM MOBI AUTOSOFTXC 14PK 23      |                           |
| TANDEM MOBI AUTOSOFTXC 14PK 5"      |                           |
| TANDEM MOBI TRUSTEEL KIT 23"        |                           |
| TANDEM T:SLIM ASFT 30 PK10 23"      |                           |
| TANDEM T:SLIM ASFT 30 PK14 23"      |                           |
| TANDEM T:SLIM ASFT XC PK10 23"      |                           |
| TANDEM T:SLIM ASFT XC PK14 23"      |                           |
| TANDEM T:SLIM TRUSTL PK10 23"       |                           |
| TRUSTEEL INFUSION SET 23"           |                           |
| TRUSTEEL INFUSION SET 32"           |                           |
| VARISOFT INFUSION SET 23"           |                           |
| VARISOFT INFUSION SET 32"           |                           |
| VARISOFT INFUSION SET 43"           |                           |
| <b>MEDICAL SUPPLY, FDB SUPERSET</b> |                           |
| <b>MEDICAL SUPPLY, FDB SUPERSET</b> |                           |
| 1ST TIER UNIFINE PENTIPS            |                           |
| 1ST TIER UNIFINE PENTIPS PLUS       |                           |
| 2-IN-1 LANCET DEVICE                |                           |
| 2TEK CONTROL (HIGH-NORMAL)          |                           |
| ACCU-CHEK AVIVA CONTROL SOLN        |                           |
| ACCU-CHEK FASTCLIX LANCET DRUM      |                           |
| ACCU-CHEK FASTCLIX LANCING DEV      |                           |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL      |                           |
| ACCU-CHEK SAFE-T-PRO                |                           |
| ACCU-CHEK SAFE-T-PRO PLUS           |                           |
| ACCU-CHEK SMARTVIEW CONTRL SOL      |                           |
| ACCU-CHEK SOFT DEV LANCETS          |                           |
| ACCU-CHEK SOFTCLIX LANCETS          |                           |
| ACCUTREND GLUCOSE CONTROL           |                           |
| ACE AEROSOL CLOUD ENHANCER          | QL                        |
| ACTI-LANCE LANCETS                  |                           |
| ADJUSTABLE LANCING DEVICE           |                           |
| ADVANCED LANCING DEVICE             |                           |
| ADVANCED TRAVEL LANCETS 28 GAUGE    |                           |
| ADVOCATE LANCET                     |                           |

| Product Description                                                                                                                                                      | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| ADVOCATE LANCING DEVICE                                                                                                                                                  |                           |
| ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"                                                                        |                           |
| ADVOCATE REDI-CODE PLUS CTRL L                                                                                                                                           |                           |
| ADVOCATE REDI-CODE+ CTRL HIGH                                                                                                                                            |                           |
| 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 |                           |
| AEROCHAMBER MINI                                                                                                                                                         | QL                        |
| AEROCHAMBER MV                                                                                                                                                           | QL                        |
| AEROCHAMBER PLUS FLOW-VU                                                                                                                                                 | QL                        |
| AEROCHAMBER Z-STAT PLUS-FLW SG                                                                                                                                           | QL                        |
| AEROTRACH PLUS                                                                                                                                                           | QL                        |
| AEROVENT PLUS                                                                                                                                                            | QL                        |
| AGAMATRIX CONTROL SOLN-HIGH                                                                                                                                              |                           |
| AGAMATRIX CONTROL SOLN-NORMAL                                                                                                                                            |                           |
| AGAMATRIX CONTROL SOLN-NORM-HI                                                                                                                                           |                           |
| AGAMATRIX ULTRA-THIN LANCET                                                                                                                                              |                           |
| AIRZONE PEAK FLOW METER                                                                                                                                                  |                           |
| ALKALINE BATTERIES                                                                                                                                                       |                           |
| ALTERNATE SITE LANCET                                                                                                                                                    |                           |
| ALTERNATE SITE LANCING DEVICE                                                                                                                                            |                           |
| AQINJECT PEN NEEDLE                                                                                                                                                      |                           |
| AQUA LANCE LANCING DEVICE                                                                                                                                                |                           |
| ASSURE 4 CONTROL SOLUTION                                                                                                                                                |                           |
| ASSURE DOSE NORMAL CONTROL                                                                                                                                               |                           |
| ASSURE DOSE NORM-HI CONTROL                                                                                                                                              |                           |
| ASSURE ID DUO PRO SFTY PEN NDL                                                                                                                                           |                           |
| ASSURE ID PEN NEEDLE                                                                                                                                                     |                           |
| ASSURE ID PRO PEN NEEDLE                                                                                                                                                 |                           |
| ASSURE LANCE                                                                                                                                                             |                           |
| ASSURE LANCE PLUS                                                                                                                                                        |                           |
| ASSURE PRISM CONTROL 1-2 SOLN                                                                                                                                            |                           |
| ASTHMA CHECK METER                                                                                                                                                       |                           |
| AUTOJECT 2 INJECTION DEVICE                                                                                                                                              |                           |
| AUTO-LANCET MINI                                                                                                                                                         |                           |
| AUTOLET IMPRESSION LANC DEV                                                                                                                                              |                           |
| AUTOLET LANCING DEVICE                                                                                                                                                   |                           |
| AUTOLET LITE                                                                                                                                                             |                           |
| AUTOPEN 1 TO 21 UNITS                                                                                                                                                    |                           |
| AUTOPEN 2 TO 42 UNITS                                                                                                                                                    |                           |
| AUTOSOFT 30                                                                                                                                                              |                           |
| AUTOSOFT 90                                                                                                                                                              |                           |
| AUTOSOFT XC INFUSION SET 23"                                                                                                                                             |                           |
| AUTOSOFT XC INFUSION SET 32"                                                                                                                                             |                           |
| AUTOSOFT XC INFUSION SET 43"                                                                                                                                             |                           |
| BD BLUNT PLASTIC CANNULA SYRINGE                                                                                                                                         |                           |
| BD BULK SYRINGE SLIP TIP SYRINGE 1 ML                                                                                                                                    |                           |
| BD ECLIPSE                                                                                                                                                               |                           |
| BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 30 X 1/2 "                                                                                              |                           |

| Product Description                                                                                                                                                                                                                                                                                                                                | Limits/Restrictions/Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 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"                                                                                                                                                                                                                                           |                           |
| BD FILTER NEEDLE 5-MICRON NOKO                                                                                                                                                                                                                                                                                                                     |                           |
| BD FILTER NEEDLE-5 MICRON                                                                                                                                                                                                                                                                                                                          |                           |
| BD INTEGRA NEEDLE                                                                                                                                                                                                                                                                                                                                  |                           |
| BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"                                                                                                                                                                                                                                    |                           |
| BD INTERLINK BLUNT PLASTIC CAN                                                                                                                                                                                                                                                                                                                     |                           |
| BD INTERLINK SYRINGE                                                                                                                                                                                                                                                                                                                               |                           |
| BD INTRADERMAL BEVEL NEEDLES                                                                                                                                                                                                                                                                                                                       |                           |
| BD LUER-LOK BULK SYRINGE                                                                                                                                                                                                                                                                                                                           |                           |
| 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 |                           |
| BD LUER-LOK TIP CONTROL SYRING                                                                                                                                                                                                                                                                                                                     |                           |
| BD MICROTAINER LANCET                                                                                                                                                                                                                                                                                                                              |                           |
| BD NOKOR ADMIX NEEDLE                                                                                                                                                                                                                                                                                                                              |                           |
| BD PRECISIONGLIDE NEEDLE                                                                                                                                                                                                                                                                                                                           |                           |
| BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8"                                                                                                                                                                                     |                           |
| BD QUINCKE SPINAL NEEDLE                                                                                                                                                                                                                                                                                                                           |                           |
| BD REGULAR BEVEL NEEDLES NEEDLE 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", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2"                                                                                      |                           |
| BD SAFETYGLIDE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                     |                           |
| 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"                                                                                                                                                                                               |                           |
| BD SAFETYGLIDE SHIELDING REG                                                                                                                                                                                                                                                                                                                       |                           |
| BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"                                                                                                                                                                                                                                              |                           |
| BD SAFETYGLIDE TB REG BEVEL                                                                                                                                                                                                                                                                                                                        |                           |
| BD SLIP TIP SYRINGE                                                                                                                                                                                                                                                                                                                                |                           |
| B-D SLIP TIP SYRINGE                                                                                                                                                                                                                                                                                                                               |                           |
| BD SPECIALTY USE NEEDLES                                                                                                                                                                                                                                                                                                                           |                           |
| BD SYRINGE                                                                                                                                                                                                                                                                                                                                         |                           |
| BD SYRINGE CATH TIP NONSTERILE                                                                                                                                                                                                                                                                                                                     |                           |
| BD SYRINGE CATHETER TIP                                                                                                                                                                                                                                                                                                                            |                           |
| BD SYRINGE LUER-LOK NONSTERILE                                                                                                                                                                                                                                                                                                                     |                           |
| BD SYRINGE LUER-LOK STERILE                                                                                                                                                                                                                                                                                                                        |                           |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML                                                                                                                                                                                                                                                                                                       |                           |
| BD SYRINGE-DUAL CANNULA                                                                                                                                                                                                                                                                                                                            |                           |
| BD TUBERCULIN SLIP-TIP                                                                                                                                                                                                                                                                                                                             |                           |
| BD TUBERCULIN SYRINGE                                                                                                                                                                                                                                                                                                                              |                           |
| blood glucose contrl hi,normal                                                                                                                                                                                                                                                                                                                     |                           |
| blood glucose control, normal                                                                                                                                                                                                                                                                                                                      |                           |
| blunt needle, disposable needle 18 x 1 1/2", 22 x 1 1/2"                                                                                                                                                                                                                                                                                           |                           |
| BREATHERITE MDI SPACER                                                                                                                                                                                                                                                                                                                             | QL                        |
| BREATHERITE VALVED MDI CHAMBER                                                                                                                                                                                                                                                                                                                     | QL                        |
| BREATHERITE VALVED MDI SPACER                                                                                                                                                                                                                                                                                                                      | QL                        |
| BREEZE 2 CONTROL SOLUTION, LOW                                                                                                                                                                                                                                                                                                                     |                           |
| BREEZE 2 CONTROL SOLUTION, NML                                                                                                                                                                                                                                                                                                                     |                           |
| BREEZE 2 CONTROL SOLUTION,HIGH                                                                                                                                                                                                                                                                                                                     |                           |

| Product Description                                                                                                                                                                                                                                                                                                                                                                                                            | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| BULLSEYE MINI SAFETY LANCETS                                                                                                                                                                                                                                                                                                                                                                                                   |                           |
| BUTTERFLY TOUCH LANCET                                                                                                                                                                                                                                                                                                                                                                                                         |                           |
| CAREFINE PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
| CAREONE LANCING DEVICE                                                                                                                                                                                                                                                                                                                                                                                                         |                           |
| CAREONE ULTRA THIN LANCET                                                                                                                                                                                                                                                                                                                                                                                                      |                           |
| CAREPOINT LUER LOCK SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| CAREPOINT LUER LOCK SYR-NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| CAREPOINT LUER SLIP SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| CAREPOINT LUER SLIP SYRING-NDL                                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| CAREPOINT PRECISION NEEDLE NEEDLE 21 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                |                           |
| CAREPOINT SAFETY LL SYR-NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| CARESENS CONTROL A AND B                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| CARESENS LANCETS                                                                                                                                                                                                                                                                                                                                                                                                               |                           |
| CARESENS S CONTROL A AND B                                                                                                                                                                                                                                                                                                                                                                                                     |                           |
| CARETOUCH CONTROL SOLN L2-L3                                                                                                                                                                                                                                                                                                                                                                                                   |                           |
| CARETOUCH HYPODERMIC NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| CARETOUCH INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                      |                           |
| CARETOUCH LANCING DEVICE                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| CARETOUCH LUER LOCK SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| CARETOUCH LUER LOCK SYR-NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| CARETOUCH LUER SLIP SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| CARETOUCH PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                           |                           |
| CARETOUCH SAFETY LANCETS                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| CARETOUCH TWIST LANCET                                                                                                                                                                                                                                                                                                                                                                                                         |                           |
| CAYA CONTOURED                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| CHEK-STIX CONTROL                                                                                                                                                                                                                                                                                                                                                                                                              |                           |
| CHEMSTRIP 10 MD                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| CHEMSTRIP 10/SG                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| CHEMSTRIP 2 GP                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| CHEMSTRIP 50B                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| CHEMSTRIP 7                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| CHEMSTRIP 9                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| CHEMSTRIP BG LOG BOOK                                                                                                                                                                                                                                                                                                                                                                                                          |                           |
| CHOSEN LANCET                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| CHOSEN LANCING DEVICE                                                                                                                                                                                                                                                                                                                                                                                                          |                           |
| CHOSEN SAFETY LANCET                                                                                                                                                                                                                                                                                                                                                                                                           |                           |
| CLEVER CHEK LANCETS                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
| CLEVER CHOICE LEVEL 1 CONTROL                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| CLEVER CHOICE LEVEL 2 CONTROL                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| CLEVER CHOICE LEVEL 3 CONTROL                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| CLICKFINE PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                           |                           |
| COAGUCHEK LANCETS                                                                                                                                                                                                                                                                                                                                                                                                              |                           |
| COLOR LANCETS                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| COMBISTIX REAGENT                                                                                                                                                                                                                                                                                                                                                                                                              |                           |
| 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" |                           |
| COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE                                                                                                                                                                                                                                                                                                                                                                                          |                           |
| COMFORT EZ PEN NEEDLES                                                                                                                                                                                                                                                                                                                                                                                                         |                           |

| Product Description                                                                                                                                                                                                                                                                                                            | Limits/Restrictions/Notes |
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| COMFORT EZ PRO SAFETY PEN NDL                                                                                                                                                                                                                                                                                                  |                           |
| COMFORT TOUCH PEN NEEDLE                                                                                                                                                                                                                                                                                                       |                           |
| COMFORT TOUCH PLUS SAFETY LANC                                                                                                                                                                                                                                                                                                 |                           |
| COMFORT TOUCH ULT THIN LANCETS                                                                                                                                                                                                                                                                                                 |                           |
| COMPACT SPACE CHAMBER                                                                                                                                                                                                                                                                                                          | QL                        |
| CONTOUR CONTROL SOLUTION, HIGH                                                                                                                                                                                                                                                                                                 |                           |
| CONTOUR CONTROL SOLUTION, LOW                                                                                                                                                                                                                                                                                                  |                           |
| CONTOUR CONTROL SOLUTION, NML                                                                                                                                                                                                                                                                                                  |                           |
| CONTOUR METER                                                                                                                                                                                                                                                                                                                  |                           |
| CONTOUR NEXT EZ METER                                                                                                                                                                                                                                                                                                          |                           |
| CONTOUR NEXT EZ METER SYSTEM                                                                                                                                                                                                                                                                                                   |                           |
| CONTOUR NEXT GEN METER                                                                                                                                                                                                                                                                                                         |                           |
| CONTOUR NEXT GEN METER KIT                                                                                                                                                                                                                                                                                                     |                           |
| CONTOUR NEXT GLUCOSE METER KIT                                                                                                                                                                                                                                                                                                 |                           |
| CONTOUR NEXT LEV 1 CONTROL SOL                                                                                                                                                                                                                                                                                                 |                           |
| CONTOUR NEXT LEV 2 CONTROL SOL                                                                                                                                                                                                                                                                                                 |                           |
| CONTOUR NEXT LINK 2.4                                                                                                                                                                                                                                                                                                          |                           |
| CONTOUR NEXT LINK METER                                                                                                                                                                                                                                                                                                        |                           |
| CONTOUR NEXT METER                                                                                                                                                                                                                                                                                                             |                           |
| CONTOUR NEXT ONE METER                                                                                                                                                                                                                                                                                                         |                           |
| CONTOUR NEXT TEST STRIPS                                                                                                                                                                                                                                                                                                       | QL                        |
| CONTOUR PLUS BLUE METER                                                                                                                                                                                                                                                                                                        |                           |
| CONTOUR PLUS TEST STRIP                                                                                                                                                                                                                                                                                                        | QL                        |
| CONTOUR TEST STRIP                                                                                                                                                                                                                                                                                                             | QL                        |
| DAVOL IRRIGATION SYRINGE                                                                                                                                                                                                                                                                                                       |                           |
| DAVOL PISTON IRRIGATION                                                                                                                                                                                                                                                                                                        |                           |
| DEXCOM G6 RECEIVER                                                                                                                                                                                                                                                                                                             | PA; QL                    |
| DEXCOM G6 SENSOR                                                                                                                                                                                                                                                                                                               | PA; QL                    |
| DEXCOM G6 TRANSMITTER                                                                                                                                                                                                                                                                                                          | PA; QL                    |
| DEXCOM G7 RECEIVER                                                                                                                                                                                                                                                                                                             | PA; QL                    |
| DEXCOM G7 SENSOR                                                                                                                                                                                                                                                                                                               | PA; QL                    |
| DIASTIX                                                                                                                                                                                                                                                                                                                        |                           |
| DIATRUE CONTROL SOLN NORMAL                                                                                                                                                                                                                                                                                                    |                           |
| DIATRUE CONTROL SOLUTION HIGH                                                                                                                                                                                                                                                                                                  |                           |
| DIATRUE CONTROL SOLUTION LOW                                                                                                                                                                                                                                                                                                   |                           |
| DOVER BULB SYRINGE                                                                                                                                                                                                                                                                                                             |                           |
| DROPLET GENTEEL LANCING DEVICE                                                                                                                                                                                                                                                                                                 |                           |
| 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"                                                                                                                                     |                           |
| 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" |                           |
| DROPLET LANCETS                                                                                                                                                                                                                                                                                                                |                           |
| DROPLET LANCING DEVICE                                                                                                                                                                                                                                                                                                         |                           |
| DROPLET MICRON PEN NEEDLE                                                                                                                                                                                                                                                                                                      |                           |
| DROPLET PEN NEEDLE                                                                                                                                                                                                                                                                                                             |                           |
| DROPSAFE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                       |                           |
| DROPSAFE PEN NEEDLE                                                                                                                                                                                                                                                                                                            |                           |
| DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1"                                                                                                                                                                                                                                                                             |                           |
| EASIVENT HOLDING CHAMBER                                                                                                                                                                                                                                                                                                       | QL                        |

| Product Description                                                                                                                                                                                                                                                                                                    | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| EASIVENT MASK LARGE                                                                                                                                                                                                                                                                                                    | QL                        |
| EASIVENT MASK MEDIUM                                                                                                                                                                                                                                                                                                   | QL                        |
| EASIVENT MASK SMALL                                                                                                                                                                                                                                                                                                    | 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"                                             |                           |
| EASY COMFORT LANCETS                                                                                                                                                                                                                                                                                                   |                           |
| 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"                                                                                                                                                             |                           |
| EASY COMFORT SAFETY PEN NEEDLE                                                                                                                                                                                                                                                                                         |                           |
| EASY GLIDE CATHETER TIP SYRING                                                                                                                                                                                                                                                                                         |                           |
| EASY GLIDE INSULIN SYRINGE                                                                                                                                                                                                                                                                                             |                           |
| EASY GLIDE LUER LOCK SYRINGE                                                                                                                                                                                                                                                                                           |                           |
| EASY GLIDE LUER SLIP TB SYRING                                                                                                                                                                                                                                                                                         |                           |
| EASY GLIDE PEN NEEDLE                                                                                                                                                                                                                                                                                                  |                           |
| EASY MINI EJECT LANCING DEVICE                                                                                                                                                                                                                                                                                         |                           |
| EASY PLUS II HIGH CONTROL                                                                                                                                                                                                                                                                                              |                           |
| EASY PLUS II LOW CONTROL                                                                                                                                                                                                                                                                                               |                           |
| EASY STEP HIGH CONTROL SOLN                                                                                                                                                                                                                                                                                            |                           |
| EASY STEP LOW CONTROL SOLUTION                                                                                                                                                                                                                                                                                         |                           |
| EASY STEP NORMAL CONTROL SOLN                                                                                                                                                                                                                                                                                          |                           |
| EASY TALK HIGH CONTROL                                                                                                                                                                                                                                                                                                 |                           |
| EASY TALK LOW CONTROL                                                                                                                                                                                                                                                                                                  |                           |
| EASY TALK PLUS II HIGH CONTROL                                                                                                                                                                                                                                                                                         |                           |
| EASY TALK PLUS II LOW CONTROL                                                                                                                                                                                                                                                                                          |                           |
| EASY TOUCH                                                                                                                                                                                                                                                                                                             |                           |
| EASY TOUCH BLU CTRL SOLN-L1,L3                                                                                                                                                                                                                                                                                         |                           |
| EASY TOUCH FLIPLOCK INSULIN                                                                                                                                                                                                                                                                                            |                           |
| EASY TOUCH FLIPLOCK NEEDLE                                                                                                                                                                                                                                                                                             |                           |
| EASY TOUCH FLIPLOCK SYRINGE                                                                                                                                                                                                                                                                                            |                           |
| EASY TOUCH FLURINGE                                                                                                                                                                                                                                                                                                    |                           |
| EASY TOUCH FLURINGE FLIPLOCK                                                                                                                                                                                                                                                                                           |                           |
| EASY TOUCH FLURINGE SHEATHLOCK                                                                                                                                                                                                                                                                                         |                           |
| EASY TOUCH HIGH-LOW CONTROL                                                                                                                                                                                                                                                                                            |                           |
| EASY TOUCH HYPODERMIC NEEDLE                                                                                                                                                                                                                                                                                           |                           |
| EASY TOUCH INSULIN SAFETY SYR                                                                                                                                                                                                                                                                                          |                           |
| 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" |                           |
| EASY TOUCH LANCETS                                                                                                                                                                                                                                                                                                     |                           |
| EASY TOUCH LANCING DEVICE                                                                                                                                                                                                                                                                                              |                           |
| EASY TOUCH LUER LOCK INSULIN                                                                                                                                                                                                                                                                                           |                           |
| EASY TOUCH LUER LOCK SYRINGE                                                                                                                                                                                                                                                                                           |                           |
| EASY TOUCH PEN NEEDLE                                                                                                                                                                                                                                                                                                  |                           |
| EASY TOUCH SAFETY LANCETS                                                                                                                                                                                                                                                                                              |                           |
| EASY TOUCH SAFETY PEN NEEDLE                                                                                                                                                                                                                                                                                           |                           |
| EASY TOUCH SHEATHLOCK INSULIN                                                                                                                                                                                                                                                                                          |                           |
| EASY TOUCH SHEATHLOCK SYRG-NDL                                                                                                                                                                                                                                                                                         |                           |
| EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML, 3 ML                                                                                                                                                                                                                                                                      |                           |
| EASY TOUCH TUBERCULIN FLIPLOCK                                                                                                                                                                                                                                                                                         |                           |

| Product Description                                                                                                                                                                                                                                                                                                                                                                            | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| EASY TOUCH TUBERCULIN SHEATHLK                                                                                                                                                                                                                                                                                                                                                                 |                           |
| EASY TOUCH TWIST LANCETS                                                                                                                                                                                                                                                                                                                                                                       |                           |
| EASY TOUCH UNI-SLIP                                                                                                                                                                                                                                                                                                                                                                            |                           |
| EASY TRAK HIGH CONTROL                                                                                                                                                                                                                                                                                                                                                                         |                           |
| EASY TRAK II CTRL SOLN-NORMAL                                                                                                                                                                                                                                                                                                                                                                  |                           |
| EASY TRAK LOW CONTROL                                                                                                                                                                                                                                                                                                                                                                          |                           |
| EASY TWIST AND CAP LANCETS                                                                                                                                                                                                                                                                                                                                                                     |                           |
| EASYMAX 15 LEVEL 2                                                                                                                                                                                                                                                                                                                                                                             |                           |
| EASYMAX NORMAL CONTROL                                                                                                                                                                                                                                                                                                                                                                         |                           |
| EASYPOINT NEEDLE                                                                                                                                                                                                                                                                                                                                                                               |                           |
| ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8"                                                                                                                                                                                                                                                                                                                                           |                           |
| ECLIPSE SYRINGE                                                                                                                                                                                                                                                                                                                                                                                |                           |
| ELEMENT COMPACT HIGH CONTROL                                                                                                                                                                                                                                                                                                                                                                   |                           |
| ELEMENT COMPACT NORMAL CONTROL                                                                                                                                                                                                                                                                                                                                                                 |                           |
| ELEMENT HIGH CONTROL                                                                                                                                                                                                                                                                                                                                                                           |                           |
| ELEMENT LOW CONTROL                                                                                                                                                                                                                                                                                                                                                                            |                           |
| ELEMENT NORMAL CONTROL                                                                                                                                                                                                                                                                                                                                                                         |                           |
| EMBRACE EVO LEVEL 1                                                                                                                                                                                                                                                                                                                                                                            |                           |
| EMBRACE GLUCOSE CONTROL HIGH                                                                                                                                                                                                                                                                                                                                                                   |                           |
| EMBRACE GLUCOSE CONTROL LOW                                                                                                                                                                                                                                                                                                                                                                    |                           |
| EMBRACE LANCETS                                                                                                                                                                                                                                                                                                                                                                                |                           |
| EMBRACE LANCING DEVICE                                                                                                                                                                                                                                                                                                                                                                         |                           |
| EMBRACE PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                             |                           |
| EMBRACE PRO                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| EMBRACE SAFETY LANCET                                                                                                                                                                                                                                                                                                                                                                          |                           |
| EMBRACE TALK CONTROL-HIGH (L2)                                                                                                                                                                                                                                                                                                                                                                 |                           |
| EMBRACE TALK CONTROL-LOW (L1)                                                                                                                                                                                                                                                                                                                                                                  |                           |
| EVENCARE G3 CONTROL                                                                                                                                                                                                                                                                                                                                                                            |                           |
| EVOLUTION NORMAL CONTROL                                                                                                                                                                                                                                                                                                                                                                       |                           |
| EXCEL SYRINGE                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| 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" |                           |
| EXEL INSULIN                                                                                                                                                                                                                                                                                                                                                                                   |                           |
| EXEL SYRINGE SYRINGE 10 ML, 3 ML 27 GAUGE X 1 1/4", 30 ML, 50 ML                                                                                                                                                                                                                                                                                                                               |                           |
| EXTENDED RESERVOIR                                                                                                                                                                                                                                                                                                                                                                             |                           |
| E-Z JECT LANCETS                                                                                                                                                                                                                                                                                                                                                                               |                           |
| E-Z JECT THIN LANCETS                                                                                                                                                                                                                                                                                                                                                                          |                           |
| EZ SMART LANCETS                                                                                                                                                                                                                                                                                                                                                                               |                           |
| FC2 FEMALE CONDOM                                                                                                                                                                                                                                                                                                                                                                              |                           |
| FEMCAP                                                                                                                                                                                                                                                                                                                                                                                         |                           |
| filter needles needle 18 gauge x 1 1/2"                                                                                                                                                                                                                                                                                                                                                        |                           |
| FINGERSTIX LANCETS                                                                                                                                                                                                                                                                                                                                                                             |                           |
| FLEXICHAMBER-LG CHILD MASK                                                                                                                                                                                                                                                                                                                                                                     | QL                        |
| FLEXICHAMBER-SM ADULT MASK                                                                                                                                                                                                                                                                                                                                                                     | QL                        |
| FLEXICHAMBER-SM CHILD MASK                                                                                                                                                                                                                                                                                                                                                                     | QL                        |
| FLOW-EZE VENTED NEEDLE                                                                                                                                                                                                                                                                                                                                                                         |                           |
| FORA GTCL KETONE TEST STRIP                                                                                                                                                                                                                                                                                                                                                                    |                           |
| FORA HIGH CONTROL                                                                                                                                                                                                                                                                                                                                                                              |                           |

| Product Description            | Limits/Restrictions/Notes |
|--------------------------------|---------------------------|
| FORA LANCING DEVICE            |                           |
| FORA LOW CONTROL               |                           |
| FORA NORMAL CONTROL            |                           |
| FORACARE GDH HIGH CONTROL      |                           |
| FORACARE GDH LOW CONTROL       |                           |
| FORACARE GDH NORMAL CONTROL    |                           |
| FORACARE LANCETS               |                           |
| FREESTYLE CONTROL              |                           |
| FREESTYLE FLASH SYSTEM         |                           |
| FREESTYLE FREEDOM              |                           |
| FREESTYLE FREEDOM LITE         |                           |
| FREESTYLE INSULINX             |                           |
| FREESTYLE INSULINX STRIP       | QL                        |
| FREESTYLE INSULINX TEST STRIPS | QL                        |
| FREESTYLE LANCETS              |                           |
| FREESTYLE LIBRE 14 DAY READER  | QL                        |
| FREESTYLE LIBRE 14 DAY SENSOR  | QL                        |
| FREESTYLE LIBRE 2 PLUS SENSOR  | QL                        |
| FREESTYLE LIBRE 2 READER       | QL                        |
| FREESTYLE LIBRE 2 SENSOR       | QL                        |
| FREESTYLE LIBRE 3 PLUS SENSOR  | QL                        |
| FREESTYLE LIBRE 3 READER       | QL                        |
| FREESTYLE LIBRE 3 SENSOR       | QL                        |
| FREESTYLE LITE METER           |                           |
| FREESTYLE LITE STRIPS          | QL                        |
| FREESTYLE PRECISION            |                           |
| FREESTYLE PRECISION NEO METER  |                           |
| FREESTYLE PRECISION NEO STRIPS | QL                        |
| FREESTYLE SYSTEM KIT           |                           |
| FREESTYLE TEST                 | QL                        |
| FREESTYLE UNISTIK 2            |                           |
| GE100 CONTROL SOLUTION NORMAL  |                           |
| GENTEEL VACUUM LANCING DEVICE  |                           |
| GLUCOCARD 01 HI-NORMAL CONTROL |                           |
| GLUCOCARD 01 NORMAL CONTROL    |                           |
| GLUCOCARD EXPRESSION SOLUTION  |                           |
| GLUCOCARD SHINE                |                           |
| GLUCOCOM AUTOLINK              |                           |
| GLUCOCOM CONTROL HIGH          |                           |
| GLUCOCOM CONTROL NORMAL        |                           |
| GLUCOCOM LANCETS               |                           |
| GLUCOSE CONTROL                |                           |
| GLUCOSE KETONE CONTROL SOLN    |                           |
| GOJJI GLUCOSE CNTRL SOL-NORMAL |                           |
| GOJJI LANCETS                  |                           |
| GOJJI LANCING DEVICE           |                           |
| HEALTHPRO HIGH-LOW CONTROL     |                           |
| HEALTHWISE INSULIN SYRINGE     |                           |
| HEALTHWISE PEN NEEDLE          |                           |
| HEMA-COMBISTIX                 |                           |

| Product Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Limits/Restrictions/Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| huber safety needles (disp.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| HYPODERMIC NEEDLES NEEDLE 21 GAUGE X 1", 23 GAUGE X 1 1/2", 26 GAUGE X 5/8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |
| HYPOLANCE AST LANCING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |
| IHEALTH CONTROL SOLN LEVEL 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| ILET STARTER KIT CONTACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |
| ILET STARTER KIT-INSET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |
| INCONTROL LANCING DEVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |
| INCONTROL PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |
| INCONTROL SUPER THIN LANCETS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| INCONTROL ULTRA THIN LANCETS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| INFINITY CONTROL SOLUTION HIGH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |
| INFINITY CONTROL SOLUTION LOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |
| INFINITY CONTROL SOLUTION NORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |
| INJECT EASE LANCETS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| INPEN (FOR HUMALOG) BLUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QL                        |
| INPEN (FOR HUMALOG) GREY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QL                        |
| INPEN (FOR HUMALOG) PINK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QL                        |
| INPEN (NOVOLOG OR FIASP) BLUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | QL                        |
| INPEN (NOVOLOG OR FIASP) GREY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | QL                        |
| INPEN (NOVOLOG OR FIASP) PINK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | QL                        |
| INSUL-CAP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |
| INSUL-EZE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |
| insulin syr/ndi u100 half mark                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |
| INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |
| 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, 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, 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" |                           |
| insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |
| INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| INTEGRA PRECISIONGLIDE NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |
| INTEGRA SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| INTERLINK SYRINGE AND CANNULA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |
| INVACARE LANCETS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |
| KETO-DIASTIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| KETONE CARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |
| KETONE URINE TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| KETOSTIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |
| LABSTIX REAGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| lancets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
| LANCETS, SUPER THIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| LANCETS,THIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |
| LANCETS,ULTRA THIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |
| lancing device                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |
| LANCING DEVICE WITH LANCETS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |
| lancing device with lancets kit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| LANCING SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |
| LANZO LANCING DEVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |

| Product Description                                                                                        | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------------------------------------|---------------------------|
| LIFESHIELD BLUNT CANNULA                                                                                   |                           |
| LITE TOUCH-MEDIUM MASK                                                                                     | QL                        |
| LITEAIRE MDI CHAMBER                                                                                       | QL                        |
| LITETOUCH-LARGE MASK                                                                                       | QL                        |
| LITETOUCH-SMALL MASK                                                                                       | QL                        |
| LUER LOCK SYRINGE SYRINGE 30 ML                                                                            |                           |
| LUER SLIP TIP SYRINGE TRAY                                                                                 |                           |
| LUER-LOK TIP                                                                                               |                           |
| 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" |                           |
| MAGELLAN SAFETY SYRINGE                                                                                    |                           |
| MAGELLAN SYRINGE                                                                                           |                           |
| MAGELLAN TUBERCULIN SAFETY SYR                                                                             |                           |
| MAXICOMFORT II PEN NEEDLE                                                                                  |                           |
| MAXICOMFORT INSULIN SYRINGE                                                                                |                           |
| MAXI-COMFORT INSULIN SYRINGE                                                                               |                           |
| MAXICOMFORT SAFETY PEN NEEDLE                                                                              |                           |
| MEDISENSE                                                                                                  |                           |
| MEDISENSE GLUCOSE KETONE                                                                                   |                           |
| MEDISENSE MID CONTROL                                                                                      |                           |
| MEDISENSE THIN LANCETS                                                                                     |                           |
| MEDLANCE PLUS LANCETS                                                                                      |                           |
| MEDLANCE PLUS SPECIAL BLADE                                                                                |                           |
| MEDTRONIC EXT INFUSION SET 23"                                                                             |                           |
| MEDTRONIC EXT INFUSION SET 32"                                                                             |                           |
| MICRO THIN LANCETS                                                                                         |                           |
| MICROCHAMBER                                                                                               | QL                        |
| MICRODOT HIGH-LOW CONTROL                                                                                  |                           |
| MICRODOT NORMAL CONTROL                                                                                    |                           |
| MICROLET 2 LANCING DEVICE                                                                                  |                           |
| MICROLET LANCET                                                                                            |                           |
| MICROLET NEXT LANCING DEVICE                                                                               |                           |
| MICROSPACER                                                                                                | QL                        |
| MINI LANCING DEVICE                                                                                        |                           |
| MINI ULTRA-THIN II                                                                                         |                           |
| MINI WRIGHT PEAK FLOW METER                                                                                |                           |
| MINIMED MIO ADVANCE INF SET23"                                                                             |                           |
| MINIMED MIO ADVANCE INF SET43"                                                                             |                           |
| MINIMED QUICK SET 18"                                                                                      |                           |
| MINIMED QUICK SET 23"                                                                                      |                           |
| MINIMED QUICK SET 32"                                                                                      |                           |
| MINIMED QUICK SET 43"                                                                                      |                           |
| MINIMED SILHOUETTE 18"                                                                                     |                           |
| MINIMED SILHOUETTE 23"                                                                                     |                           |
| MINIMED SILHOUETTE 32"                                                                                     |                           |
| MINIMED SILHOUETTE 43"                                                                                     |                           |
| MINIMED SURE T 18"                                                                                         |                           |
| MINIMED SURE T 23"                                                                                         |                           |
| MINIMED SURE T 32"                                                                                         |                           |
| MOBILE LANCETS                                                                                             |                           |

| Product Description                                                                                                                                                                                                                                                                                                                                                      | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| MODD1 SUPPLY KIT                                                                                                                                                                                                                                                                                                                                                         | QL                        |
| MONOJECT 140CC PISTON SYRINGE                                                                                                                                                                                                                                                                                                                                            |                           |
| MONOJECT 3CC SYR 25GX1"                                                                                                                                                                                                                                                                                                                                                  |                           |
| MONOJECT BLOOD COLLECTION                                                                                                                                                                                                                                                                                                                                                |                           |
| MONOJECT BLUNT CANNULAS NEEDLE 15 GAUGE X 1 1/2"                                                                                                                                                                                                                                                                                                                         |                           |
| MONOJECT CONTROL SYRINGE LUER                                                                                                                                                                                                                                                                                                                                            |                           |
| MONOJECT DISPOSABLE SYRINGE                                                                                                                                                                                                                                                                                                                                              |                           |
| MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML                                                                                                                                                                                                                                                                                                                             |                           |
| MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML, 35 ML, 6 ML, 60 ML                                                                                                                                                                                                                                                                                                          |                           |
| MONOJECT ENFIT SYRINGE                                                                                                                                                                                                                                                                                                                                                   |                           |
| MONOJECT FILTER ASPIRATOR                                                                                                                                                                                                                                                                                                                                                |                           |
| MONOJECT FILTER NEEDLE                                                                                                                                                                                                                                                                                                                                                   |                           |
| 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" |                           |
| MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2"                                                                                                                                                                                                                                                                                                                  |                           |
| MONOJECT INSULIN SAFETY SYRING                                                                                                                                                                                                                                                                                                                                           |                           |
| 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"                                                                                                                                        |                           |
| MONOJECT LUER-LOCK TIP SYRINGE 12 ML                                                                                                                                                                                                                                                                                                                                     |                           |
| MONOJECT MAGELLAN SAFETY SYRNG SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1"                                                                                                                                                                                                                                                                      |                           |
| MONOJECT MEDICATION TRANSF NDL                                                                                                                                                                                                                                                                                                                                           |                           |
| MONOJECT PHARMACY TRAY LUER                                                                                                                                                                                                                                                                                                                                              |                           |
| MONOJECT PHARMACY TRAY REG TIP                                                                                                                                                                                                                                                                                                                                           |                           |
| MONOJECT REG TIP NON-STERILE                                                                                                                                                                                                                                                                                                                                             |                           |
| MONOJECT REGULAR LUER SYRINGE 3 ML, 35 ML, 6 ML                                                                                                                                                                                                                                                                                                                          |                           |
| MONOJECT SAFETY LUER LOCK TIP                                                                                                                                                                                                                                                                                                                                            |                           |
| 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                                                                                                                                                                                                                                                              |                           |
| MONOJECT SMARTIP CANNULA                                                                                                                                                                                                                                                                                                                                                 |                           |
| MONOJECT SYRINGE                                                                                                                                                                                                                                                                                                                                                         |                           |
| MONOJECT SYRINGE LUER LOK SYRINGE 35 ML, 60 ML                                                                                                                                                                                                                                                                                                                           |                           |
| MONOJECT TB                                                                                                                                                                                                                                                                                                                                                              |                           |
| MONOJECT TB LUER LOK                                                                                                                                                                                                                                                                                                                                                     |                           |
| MONOJECT TB SAFETY SYRINGE                                                                                                                                                                                                                                                                                                                                               |                           |
| MONOJECT TUBERCULIN SYRINGE                                                                                                                                                                                                                                                                                                                                              |                           |
| MONOJECT ULTRA COMFORT INSULIN                                                                                                                                                                                                                                                                                                                                           |                           |
| MONOLET LANCETS                                                                                                                                                                                                                                                                                                                                                          |                           |
| MONOLET THIN LANCETS                                                                                                                                                                                                                                                                                                                                                     |                           |
| MOUTHPIECE                                                                                                                                                                                                                                                                                                                                                               | QL                        |
| MULTI-DRAW NEEDLE                                                                                                                                                                                                                                                                                                                                                        |                           |
| MULTI-LANCET DEVICE 2                                                                                                                                                                                                                                                                                                                                                    |                           |
| MULTISTIX                                                                                                                                                                                                                                                                                                                                                                |                           |
| MULTISTIX 10 SG                                                                                                                                                                                                                                                                                                                                                          |                           |
| MULTISTIX 5                                                                                                                                                                                                                                                                                                                                                              |                           |
| MULTISTIX 7                                                                                                                                                                                                                                                                                                                                                              |                           |
| MULTISTIX 8 SG                                                                                                                                                                                                                                                                                                                                                           |                           |
| MULTISTIX 9                                                                                                                                                                                                                                                                                                                                                              |                           |
| MULTISTIX 9 SG                                                                                                                                                                                                                                                                                                                                                           |                           |

| Product Description            | Limits/Restrictions/Notes |
|--------------------------------|---------------------------|
| MYGLUCOHEALTH CONTROL SOLUTION |                           |
| MYGLUCOHEALTH LANCETS          |                           |
| needle (disp) 16 g             |                           |
| needle (disp) 18 g             |                           |
| needle (disp) 19 g             |                           |
| needle (disp) 23 gauge         |                           |
| needles, huber disposable      |                           |
| NOKOR NEEDLE                   |                           |
| NORM-JECT                      |                           |
| NORM-JECT TUBERKULIN           |                           |
| NOVA MAX PLUS GLUC-KETON METER |                           |
| NOVA SAFETY LANCETS            |                           |
| NOVA SUREFLEX LANCETS          |                           |
| NOVAMAX PLUS GLU-KET           |                           |
| NOVAMAX PLUS KETONE            |                           |
| NOVOFINE 32                    |                           |
| NOVOFINE PLUS                  |                           |
| NOVOPEN ECHO                   |                           |
| OMNIPOD 5 (G6/LIBRE 2 PLUS)    | PA; QL                    |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) | PA; QL                    |
| OMNIPOD 5 G6-G7 PODS (GEN 5)   | PA; QL                    |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) | PA; QL                    |
| OMNIPOD DASH INTRO KIT (GEN 4) | PA; QL                    |
| OMNIPOD DASH PODS (GEN 4)      | PA; QL                    |
| ON CALL EXPRESS CONTROL        |                           |
| ON CALL LANCET                 |                           |
| ON CALL LANCING DEVICE         |                           |
| ONE WAY VALVED MOUTHPIECE      | QL                        |
| ONETOUCH DELICA PLUS LANC DEV  |                           |
| ONETOUCH DELICA PLUS LANCET    |                           |
| ONETOUCH DELICA SAFETY LANCET  |                           |
| ONETOUCH ULTRA CONTROL         |                           |
| ONETOUCH ULTRASOFT 2 LANCET    |                           |
| ONETOUCH VERIO HIGH CONTROL    |                           |
| ONETOUCH VERIO MID CONTROL     |                           |
| ON-THE-GO LANCETS              |                           |
| OPTICHAMBER ADULT MASK-LARGE   | QL                        |
| OPTICHAMBER DIAMOND VHC        | QL                        |
| OVAL TAPE                      |                           |
| PANDA MASK                     | QL                        |
| PARADIGM RESERVOIR             |                           |
| PEDIATRIC MEDIUM MASK          | QL                        |
| PEDIATRIC PANDA MASK           | QL                        |
| PEDIATRIC SMALL MASK           | QL                        |
| PEN NEEDLE                     |                           |
| pen needle, diabetic           |                           |
| pen needle, diabetic, safety   |                           |
| PENTIPS PEN NEEDLE             |                           |
| PERFECT POINT SAFETY LANCETS   |                           |
| PERFECT POINT SAFETY NEEDLE    |                           |

| Product Description                                                                                                                                                       | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| PERSONAL BEST FULL RANGE                                                                                                                                                  |                           |
| PHASEAL PROTECTOR                                                                                                                                                         |                           |
| PIP GLUCOSE CONTROL SOLN L1-L2                                                                                                                                            |                           |
| PIP LANCET                                                                                                                                                                |                           |
| PIP PEN NEEDLE                                                                                                                                                            |                           |
| PISTON SYRINGE WITH ENFIT                                                                                                                                                 |                           |
| POCKET CHAMBER                                                                                                                                                            | QL                        |
| POLY HUB NEEDLE                                                                                                                                                           |                           |
| PRECISION PCX PLUS TEST                                                                                                                                                   | QL                        |
| PRECISION PCX TEST                                                                                                                                                        | QL                        |
| PRECISION POINT OF CARE TEST                                                                                                                                              | QL                        |
| PRECISION Q-I-D TEST                                                                                                                                                      | QL                        |
| PRECISION XTRA B-KETONE                                                                                                                                                   |                           |
| PRECISION XTRA MONITOR                                                                                                                                                    |                           |
| PRECISION XTRA TEST                                                                                                                                                       | QL                        |
| PRESSURE ACTIVATED LANCETS                                                                                                                                                |                           |
| PREVENT DROPSAFE PEN NEEDLE                                                                                                                                               |                           |
| PRIMEAIRE                                                                                                                                                                 | QL                        |
| PRO COMFORT INSULIN SYRINGE                                                                                                                                               |                           |
| PRO COMFORT LANCET                                                                                                                                                        |                           |
| PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"                                                                                         |                           |
| PRO COMFORT SAFETY LANCET                                                                                                                                                 |                           |
| PROCHAMBER                                                                                                                                                                | QL                        |
| PRODIGY CONTROL SOLUTION, LOW                                                                                                                                             |                           |
| PRODIGY CONTROL SOLUTION,HIGH                                                                                                                                             |                           |
| PRODIGY INSULIN SYRINGE                                                                                                                                                   |                           |
| PRODIGY LANCETS                                                                                                                                                           |                           |
| PRODIGY LANCING DEVICE                                                                                                                                                    |                           |
| PRODIGY TWIST TOP LANCET                                                                                                                                                  |                           |
| PURE COMFORT LANCETS                                                                                                                                                      |                           |
| PURE COMFORT PEN NEEDLE                                                                                                                                                   |                           |
| PURE COMFORT SAFETY LANCETS                                                                                                                                               |                           |
| PURE COMFORT SAFETY PEN NEEDLE                                                                                                                                            |                           |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE                                                                                                                                       |                           |
| REFUAH PLUS GLUCOSE CONTROL                                                                                                                                               |                           |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE                                                                                                                                        |                           |
| RELIAMED MINI LANCING DEVICE                                                                                                                                              |                           |
| RELIAMED SAFETY SEAL LANCETS                                                                                                                                              |                           |
| RIGHTEST CONTROL SOLUTION HIGH                                                                                                                                            |                           |
| RIGHTEST CONTROL SOLUTION NORM                                                                                                                                            |                           |
| RIGHTEST GD500 LANCING DEVICE                                                                                                                                             |                           |
| RIGHTEST GL300 LANCETS                                                                                                                                                    |                           |
| RITEFLO AEROCHAMBER                                                                                                                                                       | 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"                                                                    |                           |
| 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" |                           |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE                                                                                                                                         |                           |
| safety needles                                                                                                                                                            |                           |
| SAFETY PEN NEEDLE                                                                                                                                                         |                           |

| Product Description                                                                                                                                                                                                                                                                                               | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| SAFETY SEAL LANCETS                                                                                                                                                                                                                                                                                               |                           |
| SAFETY-LET LANCETS                                                                                                                                                                                                                                                                                                |                           |
| SECURESAFE INSULIN SYRINGE                                                                                                                                                                                                                                                                                        |                           |
| SECURESAFE PEN NEEDLE                                                                                                                                                                                                                                                                                             |                           |
| SIDESTREAM PEDIATRIC FACE MASK                                                                                                                                                                                                                                                                                    | QL                        |
| SILICONE MASK - INFANT                                                                                                                                                                                                                                                                                            | QL                        |
| SILICONE MASK - PEDIATRIC                                                                                                                                                                                                                                                                                         | QL                        |
| SIL-SERTER                                                                                                                                                                                                                                                                                                        |                           |
| SINGLE-LET                                                                                                                                                                                                                                                                                                        |                           |
| SKY SAFETY PEN NEEDLE                                                                                                                                                                                                                                                                                             |                           |
| SMART SENSE LANCETS                                                                                                                                                                                                                                                                                               |                           |
| SMARTDIABETES VANTAGE                                                                                                                                                                                                                                                                                             |                           |
| SMARTEST CONTROL                                                                                                                                                                                                                                                                                                  |                           |
| SMARTEST LANCET                                                                                                                                                                                                                                                                                                   |                           |
| SOLUS V2 CONTROL SOLUTION, LOW                                                                                                                                                                                                                                                                                    |                           |
| SOLUS V2 CONTROL SOLUTION,HIGH                                                                                                                                                                                                                                                                                    |                           |
| SOLUS V2 LANCETS                                                                                                                                                                                                                                                                                                  |                           |
| SOLUS V2 LANCING DEVICE                                                                                                                                                                                                                                                                                           |                           |
| SPACE CHAMBER                                                                                                                                                                                                                                                                                                     | QL                        |
| STERILANCE TL                                                                                                                                                                                                                                                                                                     |                           |
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE                                                                                                                                                                                                                                                                             |                           |
| 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"                                                                                                          |                           |
| SURE COMFORT LANCETS                                                                                                                                                                                                                                                                                              |                           |
| SURE COMFORT LANCING PEN                                                                                                                                                                                                                                                                                          |                           |
| SURE COMFORT PEN NEEDLE                                                                                                                                                                                                                                                                                           |                           |
| SURE COMFORT SAFETY PEN NEEDLE                                                                                                                                                                                                                                                                                    |                           |
| SURE-FINE PEN NEEDLES                                                                                                                                                                                                                                                                                             |                           |
| SUREFLEX DEVICE WITH LANCETS                                                                                                                                                                                                                                                                                      |                           |
| 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"                                                                                                              |                           |
| SURE-LANCE                                                                                                                                                                                                                                                                                                        |                           |
| SURE-LANCE ULTRA THIN                                                                                                                                                                                                                                                                                             |                           |
| SURE-PEN LANCING DEVICE                                                                                                                                                                                                                                                                                           |                           |
| SURE-TEST EASYPLUS MINI SOLUTION                                                                                                                                                                                                                                                                                  |                           |
| SURE-TOUCH LANCET                                                                                                                                                                                                                                                                                                 |                           |
| SURGUARD2 SAFETY NEEDLE                                                                                                                                                                                                                                                                                           |                           |
| 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" |                           |
| syringe (disposable) syringe 20 ml, 3 ml, 30 ml, 5 ml                                                                                                                                                                                                                                                             |                           |
| SYRINGE 3CC/20GX1"                                                                                                                                                                                                                                                                                                |                           |
| SYRINGE 3CC/21GX1"                                                                                                                                                                                                                                                                                                |                           |
| SYRINGE 3CC/21GX1-1/2"                                                                                                                                                                                                                                                                                            |                           |
| SYRINGE 3CC/22GX1"                                                                                                                                                                                                                                                                                                |                           |
| SYRINGE 3CC/22GX3/4"                                                                                                                                                                                                                                                                                              |                           |
| SYRINGE 3CC/25GX1"                                                                                                                                                                                                                                                                                                |                           |
| syringe filter 50-0.22 mm-micron                                                                                                                                                                                                                                                                                  |                           |
| 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"                                                                                                                                                                                                                          |                           |

| Product Description                                                                                                                                                 | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| T:FLEX                                                                                                                                                              |                           |
| T:SLIM X2                                                                                                                                                           |                           |
| TANDEM MOBI AUTOSOFT 30 KT 23"                                                                                                                                      |                           |
| TANDEM MOBI AUTOSOFT XC KIT 5"                                                                                                                                      |                           |
| TANDEM MOBI AUTOSOFT XC KT 23"                                                                                                                                      |                           |
| TANDEM MOBI AUTOSOFT30 14PK 23                                                                                                                                      |                           |
| TANDEM MOBI AUTOSOFTXC 14PK 23                                                                                                                                      |                           |
| TANDEM MOBI AUTOSOFTXC 14PK 5"                                                                                                                                      |                           |
| TANDEM MOBI TRUSTEEL KIT 23"                                                                                                                                        |                           |
| TANDEM T:SLIM ASFT 30 PK10 23"                                                                                                                                      |                           |
| TANDEM T:SLIM ASFT 30 PK14 23"                                                                                                                                      |                           |
| TANDEM T:SLIM ASFT XC PK10 23"                                                                                                                                      |                           |
| TANDEM T:SLIM ASFT XC PK14 23"                                                                                                                                      |                           |
| TANDEM T:SLIM TRUSTL PK10 23"                                                                                                                                       |                           |
| 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                                                                 |                           |
| 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" |                           |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE                                                                                                                       |                           |
| 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"                                                   |                           |
| TECHLITE PLUS PEN NEEDLE                                                                                                                                            |                           |
| TELCARE CONTROL                                                                                                                                                     |                           |
| TELCARE LANCETS                                                                                                                                                     |                           |
| TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 21 GAUGE X 1 1/2"                                                                                                       |                           |
| 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"                                                     |                           |
| TERUMO SYRINGE SYRINGE 3 ML 23 X 1", 30 ML                                                                                                                          |                           |
| THIN LANCETS                                                                                                                                                        |                           |
| 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"                                                                |                           |
| THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"                                                                                  |                           |
| TOOMEY SYRINGE                                                                                                                                                      |                           |
| TOPCARE CLICKFINE                                                                                                                                                   |                           |
| TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                                  |                           |
| TOPCARE UNIVERSAL1 LANCET                                                                                                                                           |                           |
| TRUE COMFORT INSULIN SYRINGE                                                                                                                                        |                           |
| TRUE COMFORT LANCET                                                                                                                                                 |                           |
| TRUE COMFORT PEN NEEDLE                                                                                                                                             |                           |
| TRUE COMFORT PRO INS SYRINGE                                                                                                                                        |                           |
| TRUE COMFORT SAFE INSULIN SYRG                                                                                                                                      |                           |
| TRUE COMFORT SAFETY PEN NEEDLE                                                                                                                                      |                           |
| TRUE METRIX LEVEL 1                                                                                                                                                 |                           |
| TRUE METRIX LEVEL 2                                                                                                                                                 |                           |
| TRUE METRIX LEVEL 3                                                                                                                                                 |                           |
| TRUEDRAW LANCING DEVICE                                                                                                                                             |                           |
| TRUEPLUS INSULIN                                                                                                                                                    |                           |
| TRUEPLUS KETONE                                                                                                                                                     |                           |
| TRUEPLUS LANCETS                                                                                                                                                    |                           |
| TRUEPLUS PEN NEEDLE                                                                                                                                                 |                           |

| Product Description                                                                                                                                                                                                                                                                                                                   | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| TRUSTEEL INFUSION SET 23"                                                                                                                                                                                                                                                                                                             |                           |
| TRUSTEEL INFUSION SET 32"                                                                                                                                                                                                                                                                                                             |                           |
| TUBERCULIN SYRINGE                                                                                                                                                                                                                                                                                                                    |                           |
| TWIST LANCETS                                                                                                                                                                                                                                                                                                                         |                           |
| ULTICARE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                              |                           |
| ULTICARE INSULN SYR(HALF UNIT)                                                                                                                                                                                                                                                                                                        |                           |
| ULTICARE LOW DEAD SPACE SYRING                                                                                                                                                                                                                                                                                                        |                           |
| ULTICARE PEN NEEDLE                                                                                                                                                                                                                                                                                                                   |                           |
| ULTICARE SAFETY PEN NEEDLE                                                                                                                                                                                                                                                                                                            |                           |
| ULTICARE SAFETY SYRINGE                                                                                                                                                                                                                                                                                                               |                           |
| ULTICARE SYR 0.3 ML 30GX1/2" (WITH SYRINGE CONTAINER)                                                                                                                                                                                                                                                                                 |                           |
| ULTICARE SYR 0.5 ML 30GX1/2" (WITH SYRINGE CONTAINER)                                                                                                                                                                                                                                                                                 |                           |
| 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"                                                                                                                                                                                                                                                 |                           |
| 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                                                                                                                                                                                                                         |                           |
| ULTICARE SYRINGE 1 ML 30GX1/2" (WITH SYRINGE CONTAINER)                                                                                                                                                                                                                                                                               |                           |
| ULTICARE TB SAFETY SYRINGE                                                                                                                                                                                                                                                                                                            |                           |
| ULTIGUARD SAFEPACK-INSULIN SYR                                                                                                                                                                                                                                                                                                        |                           |
| ULTIGUARD SAFEPACK-PEN NEEDLE                                                                                                                                                                                                                                                                                                         |                           |
| ULTI-LANCE                                                                                                                                                                                                                                                                                                                            |                           |
| ULTILET BASIC LANCETS                                                                                                                                                                                                                                                                                                                 |                           |
| ULTILET CLASSIC LANCETS                                                                                                                                                                                                                                                                                                               |                           |
| 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                                                                                                                                                                                       |                           |
| ULTILET LANCETS                                                                                                                                                                                                                                                                                                                       |                           |
| ULTILET PEN NEEDLE                                                                                                                                                                                                                                                                                                                    |                           |
| ULTILET SAFETY LANCETS                                                                                                                                                                                                                                                                                                                |                           |
| ULTRA CMFT INS SYR (HALF UNIT)                                                                                                                                                                                                                                                                                                        |                           |
| ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 |                           |
| ULTRA FLO INSUL SYR(HALF UNIT)                                                                                                                                                                                                                                                                                                        |                           |
| ULTRA FLO INSULIN SYRINGE                                                                                                                                                                                                                                                                                                             |                           |
| ULTRA FLO PEN NEEDLE                                                                                                                                                                                                                                                                                                                  |                           |
| ULTRA THIN II LANCETS                                                                                                                                                                                                                                                                                                                 |                           |
| ULTRA THIN LANCETS                                                                                                                                                                                                                                                                                                                    |                           |
| ULTRA THIN PEN NEEDLE                                                                                                                                                                                                                                                                                                                 |                           |
| ULTRA THIN PLUS LANCETS                                                                                                                                                                                                                                                                                                               |                           |
| ULTRA TLC LANCETS                                                                                                                                                                                                                                                                                                                     |                           |
| ULTRACARE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                             |                           |
| ULTRA-CARE LANCETS                                                                                                                                                                                                                                                                                                                    |                           |
| ULTRACARE PEN NEEDLE                                                                                                                                                                                                                                                                                                                  |                           |
| ULTRALANCE LANCETS                                                                                                                                                                                                                                                                                                                    |                           |
| ULTRA-THIN II (SHORT) INS SYR                                                                                                                                                                                                                                                                                                         |                           |
| ULTRA-THIN II (SHORT) PEN NDL                                                                                                                                                                                                                                                                                                         |                           |
| ULTRA-THIN II INS PEN NEEDLES                                                                                                                                                                                                                                                                                                         |                           |
| ULTRA-THIN II INSULIN SYRINGE                                                                                                                                                                                                                                                                                                         |                           |
| ULTRA-THIN II LANCETS                                                                                                                                                                                                                                                                                                                 |                           |
| ULTRATRAK HIGH-LOW CONTROL                                                                                                                                                                                                                                                                                                            |                           |
| ULTRATRAK NORMAL CONTROL                                                                                                                                                                                                                                                                                                              |                           |

| Product Description                                                                                                                              | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| ULTRATRAK ULTIMATE SOLUTION                                                                                                                      |                           |
| UNIFINE PENTIPS MAXFLOW                                                                                                                          |                           |
| 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" |                           |
| UNIFINE PENTIPS PLUS                                                                                                                             |                           |
| UNIFINE PENTIPS PLUS MAXFLOW                                                                                                                     |                           |
| UNIFINE PROTECT                                                                                                                                  |                           |
| UNIFINE SAFECONTROL PEN NEEDLE                                                                                                                   |                           |
| UNIFINE ULTRA PEN NEEDLE                                                                                                                         |                           |
| UNILET COMFORTOUCH LANCET                                                                                                                        |                           |
| UNILET GP LANCET                                                                                                                                 |                           |
| UNILET LANCET                                                                                                                                    |                           |
| UNILET LANCETS                                                                                                                                   |                           |
| UNILET SUPER THIN LANCETS                                                                                                                        |                           |
| UNISTIK 2 DEVICE                                                                                                                                 |                           |
| UNISTIK 2 NORMAL LANCET                                                                                                                          |                           |
| UNISTIK 3 COMFORT LANCET                                                                                                                         |                           |
| UNISTIK 3 EXTRA LANCET                                                                                                                           |                           |
| UNISTIK 3 GENTLE                                                                                                                                 |                           |
| UNISTIK 3 NORMAL LANCET                                                                                                                          |                           |
| UNISTIK COMFORT LANCETS                                                                                                                          |                           |
| UNISTIK CZT LANCET                                                                                                                               |                           |
| UNISTIK EXTRA LANCETS                                                                                                                            |                           |
| UNISTIK NORMAL LANCETS                                                                                                                           |                           |
| UNISTIK PRO LANCET                                                                                                                               |                           |
| UNISTIK SAFETY                                                                                                                                   |                           |
| UNISTIK TOUCH LANCETS                                                                                                                            |                           |
| UNISTRIP LOW CONTROL                                                                                                                             |                           |
| UNIVERSAL 1 LANCETS                                                                                                                              |                           |
| URISTIX 4                                                                                                                                        |                           |
| URISTIX REAGENT                                                                                                                                  |                           |
| VANISHPOINT INSULIN SYRINGE                                                                                                                      |                           |
| VANISHPOINT SYRINGE                                                                                                                              |                           |
| VANISHPOINT TUBERCULIN SYRINGE                                                                                                                   |                           |
| VARISOFT INFUSION SET 23"                                                                                                                        |                           |
| VARISOFT INFUSION SET 32"                                                                                                                        |                           |
| VARISOFT INFUSION SET 43"                                                                                                                        |                           |
| VERIFINE INSULIN SYRINGE                                                                                                                         |                           |
| 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"                                |                           |
| VERIFINE PLUS PEN NEEDLE                                                                                                                         |                           |
| VERIFINE SAFETY LANCET MINI                                                                                                                      |                           |
| VERIFINE UNIVERSAL LANCET                                                                                                                        |                           |
| V-GO 20                                                                                                                                          |                           |
| V-GO 30                                                                                                                                          |                           |
| V-GO 40                                                                                                                                          |                           |
| VIVAGUARD INO CTRL SOLN-L1,2,3                                                                                                                   |                           |
| VIVAGUARD INO CTRL SOLN-L1,L3                                                                                                                    |                           |
| VIVAGUARD INO CTRL SOLN-L2                                                                                                                       |                           |
| VIVAGUARD LANCET                                                                                                                                 |                           |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| VIVAGUARD LANCING DEVICE                                                      |                           |
| VIVAGUARD SAFETY LANCET                                                       |                           |
| VORTEX ADULT MASK                                                             | QL                        |
| VORTEX HOLDING CHAMBER                                                        | QL                        |
| WIDE-SEAL DIAPHRAGM 60                                                        |                           |
| WIDE-SEAL DIAPHRAGM 65                                                        |                           |
| WIDE-SEAL DIAPHRAGM 70                                                        |                           |
| WIDE-SEAL DIAPHRAGM 75                                                        |                           |
| WIDE-SEAL DIAPHRAGM 80                                                        |                           |
| WIDE-SEAL DIAPHRAGM 85                                                        |                           |
| WIDE-SEAL DIAPHRAGM 90                                                        |                           |
| WIDE-SEAL DIAPHRAGM 95                                                        |                           |
| YALE DISPOSABLE NEEDLES                                                       |                           |
| <b>METABOLIC DISEASE ENZYME REPLACEMENT AGENTS</b>                            |                           |
| <b>METABOLIC DISEASE ENZYME REPLACEMENT, HYPOPHOSPHATASIA</b>                 |                           |
| STRENSIQ                                                                      | PA; QL                    |
| <b>METABOLIC DX ENZYME REPLACEMENT, SEVERE COMBINED IMMUNE DEFICIENCY</b>     |                           |
| REVCovi                                                                       | PA                        |
| <b>METABOLIC MODIFIERS</b>                                                    |                           |
| <b>HYPERPARATHYROID TREATMENT AGENTS - VITAMIN D ANALOG-TYPE</b>              |                           |
| calcitriol oral                                                               |                           |
| paricalcitol oral                                                             |                           |
| <b>METABOLIC MODIFIER - CARNITINE REPLENISHER AGENTS</b>                      |                           |
| CARNITOR (SUGAR-FREE)                                                         |                           |
| CARNITOR ORAL SOLUTION                                                        |                           |
| levocarnitine (with sugar)                                                    |                           |
| levocarnitine oral solution 100 mg/ml                                         |                           |
| levocarnitine oral tablet                                                     |                           |
| <b>METABOLIC MODIFIER - GAUCHER'S DISEASE, TYPE-1, SUBSTRATE REDUCTION TX</b> |                           |
| CERDELGA                                                                      | PA; QL; MS                |
| miglustat                                                                     | PA; QL; MS                |
| YARGESA                                                                       | PA; QL                    |
| <b>METABOLIC MODIFIER - HEREDITARY OROTIC ACIDURIA TREATMENT AGENTS</b>       |                           |
| XURIDEN                                                                       | PA; QL                    |
| <b>METABOLIC MODIFIER - NEIMANN PICK DISEASE TYPE C (NPC)</b>                 |                           |
| AQNEURSA                                                                      | PA; QL                    |
| <b>METABOLIC MODIFIER - PHOSPHATIDYLINOSITOL-3-KINASE (PI3K) INHIBITORS</b>   |                           |
| JOENJA                                                                        | PA; QL                    |
| VIJOICE                                                                       | PA; QL                    |
| <b>METABOLIC MODIFIER - POMPE DISEASE - GCS INHIBITOR</b>                     |                           |
| OPFOLDA                                                                       | QL; MS                    |
| <b>METABOLIC MODIFIER - TYROSINE METABOLISM DISORDER AGENTS</b>               |                           |
| nitisinone                                                                    | PA; MS                    |
| NITYR                                                                         | PA; MS                    |
| <b>METABOLIC MODIFIER - UREA CYCLE DISORDER AGENTS-CONJUGATING AGENTS</b>     |                           |
| glycerol phenylbutyrate                                                       | PA; QL; MS                |
| OLPRUVA                                                                       | PA; QL                    |
| PHEBURANE                                                                     | ST; MS                    |
| sodium phenylbutyrate                                                         |                           |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| <b>METABOLIC MODIFIER-CARBAMOYL PHOSPHATE SYNTHETASE 1 (CPS 1) ACTIVATOR</b>  |                           |
| carglumic acid                                                                | PA; MS                    |
| <b>PHARMACOENHANCER - CYTOCHROME P450 INHIBITORS</b>                          |                           |
| TYBOST                                                                        | QL                        |
| <b>PHARMACOLOGICAL CHAPERONE TX - ALPHA-GALACTOSIDASE A ENZYME STABILIZER</b> |                           |
| GALAFOLD                                                                      | PA; QL; MS                |
| <b>PHENYLKETONURIA(PKU) TX AGENTS - COFACTOR OF PHENYLALANINE HYDROXYLASE</b> |                           |
| JAVYGTOR                                                                      | PA; MS                    |
| sapropterin                                                                   | PA; MS                    |
| SEPHIENCE                                                                     | PA; QL                    |
| <b>PHENYLKETONURIA(PKU) TX AGENTS - PHENYLALANINE AMMONIA LYASE</b>           |                           |
| PALYNZIQ                                                                      | PA; QL; MS                |
| <b>PROGERIA SYNDROME TREATMENT AGENTS - FARNYLTRANSFERASE INHIBITOR</b>       |                           |
| ZOKINVY                                                                       | PA; QL                    |
| <b>MOUTH-THROAT-DENTAL - PREPARATIONS</b>                                     |                           |
| <b>DENTAL PRODUCT - FLUORIDE PREPARATIONS</b>                                 |                           |
| CLINPRO 5000                                                                  |                           |
| DENTA 5000 PLUS                                                               |                           |
| DENTA 5000 PLUS SENSITIVE                                                     |                           |
| DENTAGEL                                                                      |                           |
| fluoride (sodium) dental                                                      |                           |
| SF                                                                            |                           |
| SF 5000 PLUS                                                                  |                           |
| SODIUM FLUORIDE 5000 DRY MOUTH                                                |                           |
| SODIUM FLUORIDE 5000 PLUS                                                     |                           |
| sodium fluoride-pot nitrate                                                   |                           |
| <b>MOUTH AND THROAT - ANTIFUNGALS</b>                                         |                           |
| clotrimazole mucous membrane                                                  |                           |
| nystatin oral suspension                                                      |                           |
| <b>MOUTH AND THROAT - ANTISEPTICS</b>                                         |                           |
| chlorhexidine gluconate mucous membrane                                       |                           |
| PAROEX ORAL RINSE                                                             |                           |
| PERIOGARD                                                                     |                           |
| <b>MOUTH AND THROAT - GLUCOCORTICOIDS</b>                                     |                           |
| KOURZEQ                                                                       |                           |
| ORALONE                                                                       |                           |
| triamcinolone acetonide dental                                                |                           |
| <b>MOUTH AND THROAT - LOCAL ANESTHETIC AMIDES</b>                             |                           |
| lidocaine hcl mucous membrane solution                                        |                           |
| LIDOCAINE VISCOUS                                                             |                           |
| <b>MOUTH AND THROAT - SALIVA STIMULANTS</b>                                   |                           |
| cevimeline                                                                    |                           |
| pilocarpine hcl oral                                                          |                           |
| <b>PERIODONTAL PRODUCT - TETRACYCLINE-TYPE, COLLAGENASE INHIBITORS</b>        |                           |
| doxycycline hyclate oral tablet 20 mg                                         |                           |
| <b>THERAPY FOR DROOLING- PRIMARY OR SECONDARY SIALORRHEA-ANTICHOLINERGIC</b>  |                           |
| glycopyrrolate oral solution                                                  | PA; QL                    |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                                              |                           |
| <b>MULTIPLE SCLEROSIS AGENT - CD20 SPECIFIC MONOCLONAL ANTIBODY</b>           |                           |
| KESIMPTA PEN                                                                  | QL; MS                    |

| Product Description                                                          | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------|---------------------------|
| <b>MULTIPLE SCLEROSIS AGENT - INTERFERONS</b>                                |                           |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT                                        | QL; MS                    |
| AVONEX INTRAMUSCULAR SYRINGE KIT                                             | QL; MS                    |
| BETASERON SUBCUTANEOUS KIT                                                   | QL; MS                    |
| PLEGRIDY                                                                     | QL; MS                    |
| REBIF (WITH ALBUMIN)                                                         | QL; MS                    |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML        | QL; MS                    |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)       | MS                        |
| REBIF TITRATION PACK                                                         | MS                        |
| <b>MULTIPLE SCLEROSIS AGENT - OTHERS</b>                                     |                           |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML                                       | QL; MS                    |
| dimethyl fumarate                                                            | QL; MS                    |
| GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML                                        | QL; MS                    |
| <b>MULTIPLE SCLEROSIS AGENT - POTASSIUM CHANNEL BLOCKER</b>                  |                           |
| dalfampridine                                                                | QL; MS                    |
| <b>MULTIPLE SCLEROSIS AGENT - PYRIMIDINE SYNTHESIS INHIBITORS</b>            |                           |
| teriflunomide                                                                | QL; MS                    |
| <b>MULTIPLE SCLEROSIS AGENT - SPHINGOSINE 1-PHOSPHATE RECEPTOR MODULATOR</b> |                           |
| MAYZENT                                                                      | QL; MS                    |
| MAYZENT STARTER(FOR 1MG MAINT)                                               | QL; MS                    |
| MAYZENT STARTER(FOR 2MG MAINT)                                               | QL; MS                    |
| <b>OPHTHALMIC AGENTS</b>                                                     |                           |
| <b>ARTIFICIAL TEARS AND LUBRICANT COMBINATIONS</b>                           |                           |
| LUBRICANT EYE (PG-PEG 400)                                                   |                           |
| REFRESH CLASSIC (PF)                                                         |                           |
| REFRESH LACRI-LUBE                                                           |                           |
| REFRESH OPTIVE OPHTHALMIC (EYE) DROPS                                        |                           |
| REFRESH OPTIVE SENSITIVE (PF)                                                |                           |
| SYSTANE (PROPYLENE GLYCOL)                                                   |                           |
| SYSTANE ULTRA                                                                |                           |
| ULTRA LUBRICANT EYE                                                          |                           |
| <b>ARTIFICIAL TEARS AND LUBRICANT SINGLE AGENTS</b>                          |                           |
| GENTEAL TEARS SEVERE GEL                                                     |                           |
| REFRESH CELLUVISC                                                            |                           |
| REFRESH PLUS                                                                 |                           |
| REFRESH TEARS                                                                |                           |
| SYSTANE GEL OPHTHALMIC (EYE) GEL                                             |                           |
| <b>MIOTICS - DIRECT ACTING</b>                                               |                           |
| pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %                         |                           |
| <b>OPHTHALMIC - AGENTS FOR PRESBYOPIA</b>                                    |                           |
| pilocarpine hcl ophthalmic (eye) drops 1.25 %                                | QL                        |
| QLOSI                                                                        | QL                        |
| VIZZ                                                                         | QL                        |
| VUITY                                                                        | QL                        |
| <b>OPHTHALMIC - ANTIBACTERIAL-GLUCOCORTICOID COMBINATIONS</b>                |                           |
| neomycin-bacitracin-poly-hc                                                  |                           |
| neomycin-polymyxin b-dexameth                                                |                           |
| neomycin-polymyxin-hc ophthalmic (eye)                                       |                           |
| NEO-POLYCIN HC                                                               |                           |
| sulfacetamide-prednisolone                                                   |                           |

| Product Description                                                         | Limits/Restrictions/Notes |
|-----------------------------------------------------------------------------|---------------------------|
| tobramycin-dexamethasone                                                    |                           |
| <b>OPHTHALMIC - ANTICHOLINERGICS</b>                                        |                           |
| atropine ophthalmic (eye) drops 1 %                                         |                           |
| cyclopentolate ophthalmic (eye) drops 1 %                                   |                           |
| tropicamide                                                                 |                           |
| <b>OPHTHALMIC - ANTIHISTAMINES</b>                                          |                           |
| azelastine ophthalmic (eye)                                                 |                           |
| epinastine                                                                  |                           |
| <b>OPHTHALMIC - ANTI-INFLAMMATORY, GLUCOCORTICOIDS</b>                      |                           |
| dexamethasone sodium phosphate ophthalmic (eye)                             |                           |
| fluorometholone                                                             |                           |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT                                           |                           |
| LOTEMAX SM                                                                  |                           |
| loteprednol etabonate ophthalmic (eye) drops,gel                            |                           |
| loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %               |                           |
| prednisolone acetate                                                        |                           |
| prednisolone sodium phosphate ophthalmic (eye)                              |                           |
| <b>OPHTHALMIC - ANTI-INFLAMMATORY, NSAIDS</b>                               |                           |
| bromfenac ophthalmic (eye) drops 0.09 %                                     |                           |
| diclofenac sodium ophthalmic (eye)                                          |                           |
| flurbiprofen sodium                                                         |                           |
| ketorolac ophthalmic (eye)                                                  |                           |
| <b>OPHTHALMIC - BETA BLOCKERS-CARBONIC ANHYDRASE INHIBITOR COMBINATIONS</b> |                           |
| dorzolamide-timolol                                                         |                           |
| dorzolamide-timolol (pf) ophthalmic (eye) dropperette                       | QL                        |
| <b>OPHTHALMIC - CARBONIC ANHYDRASE INHIBITORS</b>                           |                           |
| dorzolamide                                                                 |                           |
| <b>OPHTHALMIC - CYSTINE DEPLETING AGENTS</b>                                |                           |
| CYSTADROPS                                                                  | PA; QL                    |
| CYSTARAN                                                                    | PA; QL                    |
| <b>OPHTHALMIC - DECONGESTANTS</b>                                           |                           |
| phenylephrine hcl ophthalmic (eye)                                          |                           |
| <b>OPHTHALMIC - HUMAN NERVE GROWTH FACTOR (HNGF)</b>                        |                           |
| OXERVATE                                                                    | PA; QL; MS                |
| <b>OPHTHALMIC - HYPEROSMOLAR AGENTS</b>                                     |                           |
| MURO 128                                                                    |                           |
| <b>OPHTHALMIC - INTRAOCULAR PRESSURE REDUCING AGENTS, BETA-BLOCKERS</b>     |                           |
| betaxolol ophthalmic (eye)                                                  |                           |
| carteolol                                                                   |                           |
| levobunolol ophthalmic (eye) drops 0.5 %                                    |                           |
| timolol maleate ophthalmic (eye) drops                                      |                           |
| <b>OPHTHALMIC - LOCAL ANESTHETIC ESTERS</b>                                 |                           |
| proparacaine                                                                |                           |
| <b>OPHTHALMIC - MAST CELL STABILIZERS</b>                                   |                           |
| cromolyn ophthalmic (eye)                                                   |                           |
| <b>OPHTHALMIC ANTIBACTERIAL MIXTURES</b>                                    |                           |
| bacitracin-polymyxin b                                                      |                           |
| neomycin-bacitracin-polymyxin                                               |                           |
| neomycin-polymyxin-gramicidin                                               |                           |
| NEO-POLYCIN                                                                 |                           |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| POLYCIN                                                                       |                           |
| polymyxin b sulf-trimethoprim                                                 |                           |
| <b>OPHTHALMIC ANTIBIOTIC - AMINOGLYCOSIDES</b>                                |                           |
| gentamicin ophthalmic (eye) drops                                             |                           |
| tobramycin ophthalmic (eye)                                                   |                           |
| <b>OPHTHALMIC ANTIBIOTIC - DEHYDROPEPTIDASE INHIBITORS</b>                    |                           |
| bacitracin ophthalmic (eye)                                                   |                           |
| <b>OPHTHALMIC ANTIBIOTIC - FLUOROQUINOLONES</b>                               |                           |
| ciprofloxacin hcl ophthalmic (eye)                                            |                           |
| gatifloxacin                                                                  |                           |
| levofloxacin ophthalmic (eye) drops 1.5 %                                     |                           |
| moxifloxacin ophthalmic (eye)                                                 | QL                        |
| ofloxacin ophthalmic (eye)                                                    |                           |
| <b>OPHTHALMIC ANTIBIOTIC - MACROLIDES</b>                                     |                           |
| erythromycin ophthalmic (eye)                                                 |                           |
| <b>OPHTHALMIC ANTIBIOTIC - SULFONAMIDES</b>                                   |                           |
| sulfacetamide sodium ophthalmic (eye)                                         |                           |
| <b>OPHTHALMIC ANTIPARASITICS</b>                                              |                           |
| XDEMVI                                                                        | PA; QL                    |
| <b>OPHTHALMIC ANTIVIRALS</b>                                                  |                           |
| trifluridine                                                                  |                           |
| ZIRGAN                                                                        |                           |
| <b>OPHTHALMIC-INTRAOCULAR PRESS. REDUCING, SEL. ALPHA ADRENERGIC AGONISTS</b> |                           |
| apraclonidine                                                                 |                           |
| brimonidine ophthalmic (eye)                                                  |                           |
| <b>OPHTHALMIC-INTRAOCULAR PRESSURE REDUCING AGENTS, PROSTAGLANDIN ANALOGS</b> |                           |
| bimatoprost ophthalmic (eye)                                                  |                           |
| latanoprost                                                                   | QL                        |
| travoprost                                                                    |                           |
| <b>OTIC (EAR)</b>                                                             |                           |
| <b>OTIC (EAR) - ANTI-INFECTIVE-GLUCOCORTICOID COMBINATIONS</b>                |                           |
| CIPRO HC                                                                      |                           |
| ciprofloxacin-dexamethasone                                                   |                           |
| neomycin-polymyxin-hc otic (ear)                                              |                           |
| <b>OTIC (EAR) - ANTI-INFECTIVES OTHER</b>                                     |                           |
| acetic acid otic (ear)                                                        |                           |
| <b>OTIC (EAR) - FLUOROQUINOLONES</b>                                          |                           |
| ciprofloxacin hcl otic (ear)                                                  | QL                        |
| ofloxacin otic (ear)                                                          |                           |
| <b>OTIC (EAR) - GLUCOCORTICOIDS</b>                                           |                           |
| FLAC OTIC OIL                                                                 |                           |
| fluocinolone acetonide oil                                                    |                           |
| hydrocortisone-acetic acid                                                    |                           |
| <b>RESPIRATORY THERAPY AGENTS</b>                                             |                           |
| <b>1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS</b>                 |                           |
| APRODINE                                                                      |                           |
| promethazine-phenylephrine                                                    |                           |
| <b>2ND GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS</b>                 |                           |
| ALL DAY ALLERGY-D                                                             | QL                        |
| ALLERGY AND CONGESTION RELIEF                                                 |                           |

| Product Description                                    | Limits/Restrictions/Notes |
|--------------------------------------------------------|---------------------------|
| ALLERGY RELIEF D12                                     |                           |
| ALLERGY RELIEF D-24HR                                  |                           |
| ALLERGY RELIEF,NASAL DECONGEST                         |                           |
| ALLERGY RELIEF-D (CETIRIZINE)                          | QL                        |
| cetirizine-pseudoephedrine                             | QL                        |
| LORATADINE-D                                           |                           |
| <b>ANTIHISTAMINE - 1ST GENERATION - ALKYLAMINES</b>    |                           |
| ALLER-CHLOR                                            |                           |
| ALLERGY (CHLORPHENIRAMINE)                             |                           |
| ALLERGY RELIEF(CHLORPHENIRAMN)                         |                           |
| <b>ANTIHISTAMINE - 1ST GENERATION - ETHANOLAMINES</b>  |                           |
| ALLERGY (DIPHENHYDRAMINE) ORAL CAPSULE                 |                           |
| ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL CAPSULE            |                           |
| ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL LIQUID             |                           |
| BANOPHEN ORAL CAPSULE 50 MG                            |                           |
| BANOPHEN ORAL TABLET                                   |                           |
| carbinoxamine maleate oral liquid                      |                           |
| carbinoxamine maleate oral tablet 4 mg                 |                           |
| CHILDREN'S ALLERGY (DIPHENHYD) ORAL LIQUID             |                           |
| clemastine oral syrup                                  | PA; QL                    |
| clemastine oral tablet                                 |                           |
| diphenhydramine hcl oral capsule                       |                           |
| diphenhydramine hcl oral elixir                        |                           |
| diphenhydramine hcl oral tablet                        |                           |
| <b>ANTIHISTAMINE - 1ST GENERATION - PHENOTHIAZINES</b> |                           |
| promethazine oral                                      |                           |
| promethazine rectal suppository 12.5 mg, 25 mg         |                           |
| PROMETHEGAN                                            |                           |
| <b>ANTIHISTAMINE - 1ST GENERATION - PIPERIDINES</b>    |                           |
| cyproheptadine                                         |                           |
| <b>ANTIHISTAMINES - 1ST GENERATION</b>                 |                           |
| ALLER-CHLOR                                            |                           |
| ALLERGY (CHLORPHENIRAMINE)                             |                           |
| ALLERGY (DIPHENHYDRAMINE) ORAL CAPSULE                 |                           |
| ALLERGY RELIEF(CHLORPHENIRAMN)                         |                           |
| ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL CAPSULE            |                           |
| ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL LIQUID             |                           |
| BANOPHEN ORAL CAPSULE 50 MG                            |                           |
| BANOPHEN ORAL TABLET                                   |                           |
| carbinoxamine maleate oral liquid                      |                           |
| carbinoxamine maleate oral tablet 4 mg                 |                           |
| CHILDREN'S ALLERGY (DIPHENHYD) ORAL LIQUID             |                           |
| clemastine oral syrup                                  | PA; QL                    |
| clemastine oral tablet                                 |                           |
| cyproheptadine                                         |                           |
| diphenhydramine hcl oral capsule                       |                           |
| diphenhydramine hcl oral elixir                        |                           |
| diphenhydramine hcl oral tablet                        |                           |
| promethazine oral                                      |                           |
| promethazine rectal suppository 12.5 mg, 25 mg         |                           |

| Product Description                                            | Limits/Restrictions/Notes |
|----------------------------------------------------------------|---------------------------|
| PROMETHEGAN                                                    |                           |
| <b>ANTIHISTAMINES - 2ND GENERATION</b>                         |                           |
| ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET                       |                           |
| ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG                  |                           |
| ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 5 MG                   | QL                        |
| ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET 180 MG               | QL                        |
| ALLERGY RELIEF (LORATADINE) ORAL SOLUTION                      |                           |
| ALLERGY RELIEF (LORATADINE) ORAL TABLET                        |                           |
| cetirizine oral solution 1 mg/ml                               |                           |
| cetirizine oral tablet 10 mg                                   |                           |
| cetirizine oral tablet 5 mg                                    | QL                        |
| cetirizine oral tablet,chewable                                |                           |
| CHILD ALLERGY RELF(CETIRIZINE)                                 |                           |
| CHILDREN'S CETIRIZINE ORAL SOLUTION                            |                           |
| CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE 10 MG               |                           |
| CHILD'S ALL DAY ALLERGY(CETIR)                                 |                           |
| desloratadine oral tablet                                      |                           |
| desloratadine oral tablet,disintegrating                       |                           |
| fexofenadine                                                   | QL                        |
| levocetirizine                                                 |                           |
| loratadine oral solution                                       |                           |
| loratadine oral tablet                                         |                           |
| <b>ANTIHISTAMINES - 2ND GENERATION - PIPERAZINES</b>           |                           |
| ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET                       |                           |
| ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG                  |                           |
| ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 5 MG                   | QL                        |
| cetirizine oral solution 1 mg/ml                               |                           |
| cetirizine oral tablet 10 mg                                   |                           |
| cetirizine oral tablet 5 mg                                    | QL                        |
| cetirizine oral tablet,chewable                                |                           |
| CHILD ALLERGY RELF(CETIRIZINE)                                 |                           |
| CHILDREN'S CETIRIZINE ORAL SOLUTION                            |                           |
| CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE 10 MG               |                           |
| CHILD'S ALL DAY ALLERGY(CETIR)                                 |                           |
| levocetirizine                                                 |                           |
| <b>ANTIHISTAMINES - 2ND GENERATION - PIPERIDINES</b>           |                           |
| ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET 180 MG               | QL                        |
| ALLERGY RELIEF (LORATADINE) ORAL SOLUTION                      |                           |
| ALLERGY RELIEF (LORATADINE) ORAL TABLET                        |                           |
| desloratadine oral tablet                                      |                           |
| desloratadine oral tablet,disintegrating                       |                           |
| fexofenadine                                                   | QL                        |
| loratadine oral solution                                       |                           |
| loratadine oral tablet                                         |                           |
| <b>ANTITUSSIVES - NON-OPIOID</b>                               |                           |
| benzonatate oral capsule 100 mg, 200 mg                        |                           |
| <b>ASTHMA THERAPY - ALPHA/BETA ADRENERGIC AGENTS</b>           |                           |
| epinephrine injection syringe 0.1 mg/ml                        |                           |
| <b>ASTHMA THERAPY - IMMUNOGLOBULIN E (IGE) INHIBITORS, MAB</b> |                           |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR                              | PA; QL; MS                |

| Product Description                                                                                                                                              | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| XOLAIR SUBCUTANEOUS SYRINGE                                                                                                                                      | PA; QL; MS                |
| <b>ASTHMA THERAPY - INHALED CORTICOSTEROIDS (GLUCOCORTICOIDS)</b>                                                                                                |                           |
| ARNUITY ELLIPTA                                                                                                                                                  | QL                        |
| ASMANEX HFA                                                                                                                                                      | QL                        |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | QL                        |
| budesonide inhalation                                                                                                                                            | QL                        |
| fluticasone propionate inhalation                                                                                                                                | QL                        |
| QVAR REDHALER                                                                                                                                                    | QL                        |
| <b>ASTHMA THERAPY - INTERLEUKIN-4 (IL-4) RECEPTOR ALPHA ANTAGONISTS, MAB</b>                                                                                     |                           |
| DUPIXENT PEN                                                                                                                                                     | PA; QL; MS                |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML                                                                                                | PA; QL; MS                |
| <b>ASTHMA THERAPY - INTERLEUKIN-5 (IL-5) INHIBITORS, MAB</b>                                                                                                     |                           |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR                                                                                                                                | PA; QL; MS                |
| NUCALA SUBCUTANEOUS SYRINGE                                                                                                                                      | PA; QL; MS                |
| <b>ASTHMA THERAPY - INTERLEUKIN-5 (IL-5) RECEPTOR ALPHA ANTAGONISTS, MAB</b>                                                                                     |                           |
| FASENRA                                                                                                                                                          | PA; QL; MS                |
| FASENRA PEN                                                                                                                                                      | PA; QL; MS                |
| <b>ASTHMA THERAPY - LEUKOTRIENE RECEPTOR ANTAGONISTS</b>                                                                                                         |                           |
| montelukast                                                                                                                                                      | QL                        |
| zafirlukast                                                                                                                                                      | QL                        |
| <b>ASTHMA THERAPY - MAST CELL STABILIZERS</b>                                                                                                                    |                           |
| cromolyn inhalation                                                                                                                                              |                           |
| <b>ASTHMA THERAPY - XANTHINES</b>                                                                                                                                |                           |
| theophylline oral elixir                                                                                                                                         |                           |
| theophylline oral solution                                                                                                                                       |                           |
| theophylline oral tablet extended release 12 hr                                                                                                                  |                           |
| theophylline oral tablet extended release 24 hr                                                                                                                  |                           |
| <b>ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED LONG ACTING</b>                                                                                                 |                           |
| SPIRIVA RESPIMAT                                                                                                                                                 | QL                        |
| tiotropium bromide                                                                                                                                               | QL                        |
| <b>ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED SHORT ACTING</b>                                                                                                |                           |
| ATROVENT HFA                                                                                                                                                     |                           |
| ipratropium bromide inhalation                                                                                                                                   |                           |
| <b>ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, LONG ACTING</b>                                                                                      |                           |
| SEREVENT DISKUS                                                                                                                                                  |                           |
| <b>ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, SHORT ACTING</b>                                                                                     |                           |
| ALBUTEROL HFA 90 MCG INHALER (ALTERNATIVE TO VENTOLIN)                                                                                                           | QL                        |
| albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation                                                                                                | QL                        |
| albuterol sulfate inhalation solution for nebulization                                                                                                           |                           |
| levalbuterol hcl                                                                                                                                                 |                           |
| levalbuterol tartrate                                                                                                                                            | QL                        |
| PROAIR RESPICLICK                                                                                                                                                | QL                        |
| VENTOLIN HFA                                                                                                                                                     |                           |
| <b>ASTHMA/COPD THERAPY - BETA ADRENERGIC AGENTS</b>                                                                                                              |                           |
| albuterol sulfate oral                                                                                                                                           |                           |
| terbutaline                                                                                                                                                      |                           |
| <b>ASTHMA/COPD THERAPY - BETA ADRENERGIC-ANTICHOLINERGIC COMBINATIONS</b>                                                                                        |                           |
| ANORO ELLIPTA                                                                                                                                                    | QL                        |
| COMBIVENT RESPIMAT                                                                                                                                               | QL                        |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| ipratropium-albuterol                                                         |                           |
| <b>ASTHMA/COPD THERAPY - BETA ADRENERGIC-GLUCOCORTICOID COMBINATIONS</b>      |                           |
| ADVAIR HFA                                                                    | QL                        |
| BREO ELLIPTA                                                                  | QL                        |
| BREYNA                                                                        | QL                        |
| budesonide-formoterol                                                         | QL                        |
| DULERA                                                                        | QL                        |
| fluticasone propion-salmeterol inhalation aerosol powdr breath activated      | QL                        |
| fluticasone propion-salmeterol inhalation blister with device                 | QL                        |
| WIXELA INHUB                                                                  | QL                        |
| <b>ASTHMA/COPD TX - BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORTICOID COMB,</b>  |                           |
| BREZTRI AEROSPHERE INHALER                                                    | QL                        |
| TRELEGY ELLIPTA                                                               | QL                        |
| <b>CYSTIC FIBROSIS - INHALED AMINOGLYCOSIDES</b>                              |                           |
| KITABIS PAK                                                                   | MS                        |
| tobramycin in 0.225 % nacl                                                    | MS                        |
| tobramycin inhalation                                                         | QL; MS                    |
| <b>CYSTIC FIBROSIS-TRANSMEMBRANE CONDUCTANCE REGULATOR (CFTR) POTENTIATOR</b> |                           |
| KALYDECO                                                                      | PA; QL; MS                |
| <b>CYSTIC FIB-TRANSMEMB CONDUCT. REG.(CFTR) POTENTIATOR AND CORRECTOR CMB</b> |                           |
| ORKAMBI                                                                       | PA; QL; MS                |
| SYMDEKO                                                                       | PA; QL; MS                |
| TRIKAFTA                                                                      | PA; QL; MS                |
| <b>DECONGESTANT-EXPECTORANT COMBINATIONS</b>                                  |                           |
| CHEST CONGESTION RELIEF PE                                                    |                           |
| <b>EXPECTORANTS - SINGLE AGENTS, GENERAL</b>                                  |                           |
| ADULT TUSSIN CHEST CONGESTION                                                 |                           |
| CHEST CONGESTION RELIEF ORAL TABLET                                           |                           |
| guaifenesin oral liquid                                                       |                           |
| guaifenesin oral tablet extended release 12hr                                 |                           |
| MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 600 MG                      |                           |
| TUSSIN MUCUS-CHEST CONGESTION                                                 |                           |
| <b>MUCOLYTICS</b>                                                             |                           |
| acetylcysteine                                                                |                           |
| PULMOZYME                                                                     | MS                        |
| <b>NASAL ANTICHOLINERGICS</b>                                                 |                           |
| ipratropium bromide nasal                                                     |                           |
| <b>NASAL ANTIHISTAMINE AND ANTI-INFLAMMATORY STEROID COMBINATIONS</b>         |                           |
| azelastine-fluticasone                                                        | PA; QL                    |
| <b>NASAL ANTIHISTAMINES</b>                                                   |                           |
| azelastine nasal spray,non-aerosol 137 mcg (0.1 %)                            |                           |
| azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)                         | QL                        |
| olopatadine nasal                                                             | QL                        |
| <b>NASAL CORTICOSTEROIDS</b>                                                  |                           |
| flunisolide                                                                   | QL                        |
| fluticasone propionate nasal                                                  |                           |
| mometasone nasal                                                              |                           |
| QNASL                                                                         | QL                        |
| XHANCE                                                                        | PA; QL                    |

| Product Description                                                           | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|---------------------------|
| <b>NASAL MAST CELL STABILIZERS</b>                                            |                           |
| cromolyn nasal                                                                |                           |
| <b>NASAL SYMPATHOMIMETIC DECONGESTANTS (INTRANASAL)</b>                       |                           |
| NASAL SPRAY (OXYMETAZOLINE)                                                   |                           |
| <b>NON-OPIOID ANTITUSSIVE-1ST GEN.ANTIHISTAMINE-DECONGESTANT COMBINATIONS</b> |                           |
| BROMFED DM                                                                    |                           |
| brompheniramine-pseudoeph-dm                                                  |                           |
| CHILDREN'S COLD AND COUGH (PE)                                                |                           |
| COLD AND COUGH ELIXIR                                                         |                           |
| ENDACOF - DM                                                                  |                           |
| <b>NON-OPIOID ANTITUSSIVE-ANTIHISTAMINE COMBINATIONS</b>                      |                           |
| promethazine-dm                                                               |                           |
| <b>NON-OPIOID ANTITUSSIVE-DECONGESTANT-EXPECTORANT COMBINATIONS</b>           |                           |
| ROBAFEN CF (PHENYLEPHRINE)                                                    |                           |
| TUSSIN CF (PE-DM-GUAIF)                                                       |                           |
| <b>NON-OPIOID ANTITUSSIVE-EXPECTORANT COMBINATIONS</b>                        |                           |
| CHEST CONGESTION RELIEF DM ORAL TABLET                                        |                           |
| CHEST CONGESTION-COUGH RELIEF                                                 |                           |
| TUSNEL DIABETIC                                                               |                           |
| TUSSIN DM ORAL SYRUP                                                          |                           |
| <b>OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE COMBINATIONS</b>           |                           |
| hydrocodone-chlorpheniramine                                                  | QL                        |
| promethazine-codeine                                                          |                           |
| <b>OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS</b>                        |                           |
| hydrocodone-homatropine oral solution 5-1.5 mg/5 ml                           |                           |
| HYDROMET                                                                      |                           |
| <b>OPIOID ANTITUSSIVE-EXPECTORANT COMBINATIONS</b>                            |                           |
| codeine-guaifenesin                                                           |                           |
| G TUSSIN AC                                                                   |                           |
| <b>PULMONARY FIBROSIS TREATMENT AGENTS - ANTIFIBROTIC THERAPY</b>             |                           |
| pirfenidone oral capsule                                                      | PA; QL; MS                |
| pirfenidone oral tablet 267 mg, 801 mg                                        | PA; QL; MS                |
| <b>PULMONARY FIBROSIS TREATMENT AGENTS - MULTIKINASE INHIBITORS</b>           |                           |
| OFEV                                                                          | PA; QL; MS                |
| <b>SYSTEMIC SYMPATHOMIMETIC DECONGESTANTS</b>                                 |                           |
| NASAL DECONGESTANT (PE)                                                       |                           |
| NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET                                    |                           |
| SUDOGEST ORAL TABLET 30 MG                                                    |                           |
| SUPHEDRIN ORAL TABLET                                                         |                           |
| <b>VAGINAL PRODUCTS</b>                                                       |                           |
| <b>VAGINAL ANTIBACTERIAL - LINCOSAMIDES</b>                                   |                           |
| clindamycin phosphate vaginal                                                 |                           |
| <b>VAGINAL ANTIFUNGAL - IMIDAZOLES</b>                                        |                           |
| clotrimazole vaginal                                                          |                           |
| miconazole nitrate vaginal cream                                              |                           |
| MICONAZOLE-3 VAGINAL SUPPOSITORY                                              |                           |
| MICONAZOLE-7 VAGINAL CREAM                                                    |                           |
| <b>VAGINAL ANTIFUNGAL - TRIAZOLES</b>                                         |                           |
| terconazole                                                                   |                           |

| Product Description                                                                              | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------------------------------|---------------------------|
| <b>VAGINAL ANTIPROTOZOAL-ANTIBACTERIAL - NITROIMIDAZOLE DERIVATIVES</b>                          |                           |
| metronidazole vaginal gel 0.75 % (37.5mg/5 gram)                                                 |                           |
| VANDAZOLE                                                                                        |                           |
| <b>VAGINAL ESTROGENS</b>                                                                         |                           |
| estradiol vaginal                                                                                |                           |
| PREMARIN VAGINAL                                                                                 |                           |
| <b>WEIGHT LOSS/GAIN AGENTS</b>                                                                   |                           |
| <b>APPETITE STIMULANTS - CANNABINOIDS</b>                                                        |                           |
| dronabinol                                                                                       |                           |
| SYNDROS                                                                                          | 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) |                           |
| <b>TREATMENT OF HYPERPHAGIA IN PRADER-WILLI SYNDROME (PWS)</b>                                   |                           |
| VYKAT XR                                                                                         | PA; QL                    |

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