



# **Preferred Value - 3 Tier Formulary Guide (3295)**

Includes generic and brand-name medications

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H E A L T H C A R E

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For you.



## Dear Member,

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

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

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

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

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

If you have questions or need additional information, please visit our website [UniveraHealthcare.com](http://UniveraHealthcare.com) or contact the **Pharmacy Help Desk at 1-800-499-1275**.



## What is a formulary?

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

## How is the formulary developed?

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

## How do I use the formulary?

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

### Medical condition

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

### Alphabetical listing

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

## Preferred Value 3-tier drug benefit

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

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

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

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

## Can the formulary change?

Our P&T Committee regularly reviews the drugs on our formulary to be sure they meet the criteria for safety, effectiveness and value. The list is subject to change. Drugs may be added, removed, or change tier designation at any time.

## Generics are real medicine

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

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

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

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

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

## High deductible health plan

### Preventive Drug list

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

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

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

## Where can I purchase my prescription medications?

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

## Mail service pharmacy



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

benefits offer copay savings for ordering prescriptions through Express Scripts Home Delivery Pharmacy<sup>SM</sup> or Wegmans<sup>®</sup> Home Delivery Pharmacy.

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

## Specialty pharmacy

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

## Are there any restrictions on coverage?

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

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

## Coverage requirements or limits may include:

### Prior authorization

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

### Step therapy

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

### Specialty drug benefit

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

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

### Quantity limits

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

### Generic Advantage program

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

### Key:

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

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

| Product Description                                                                       | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------------------|------|---------------------------|
| <b>ALTERNATIVE THERAPY</b>                                                                |      |                           |
| <b>ALTERNATIVE THERAPY - UNCLASSIFIED</b>                                                 |      |                           |
| ACTIVE Q ORAL SUSPENSION                                                                  | 3    | PA                        |
| ARGUMENT AT                                                                               | 3    | PA                        |
| CHILDREN'S DIARESQ                                                                        | 3    | PA                        |
| CYTO-Q MAX                                                                                | 3    | PA                        |
| CYTO-Q T-F                                                                                | 3    | PA                        |
| DIARESQ                                                                                   | 3    | PA                        |
| D-MANNOSE                                                                                 | 3    | PA                        |
| ENTERADE ADVANCED ONCOLOGY                                                                | 3    | PA                        |
| GRIPE WATER (GINGER, FENNEL)                                                              | 3    | PA                        |
| LIQSORB ORAL LIQUID                                                                       | 3    | PA                        |
| LITTLE REMEDIES GRIPE WATER                                                               | 3    | PA                        |
| MANNXTRA                                                                                  | 3    | PA                        |
| OVASITOL                                                                                  | 3    | PA                        |
| PREGNITUDE                                                                                | 3    | PA                        |
| QH LIQUID                                                                                 | 3    | PA                        |
| Q-UP                                                                                      | 3    | PA                        |
| RE:IMMUNE                                                                                 | 3    | PA                        |
| UTYMAX                                                                                    | 3    | PA                        |
| <b>ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC</b>                                        |      |                           |
| <b>ANALGESIC - SELECTIVE SODIUM CHANNEL BLOCKERS</b>                                      |      |                           |
| JOURNAVX                                                                                  | 3    | PA; QL                    |
| <b>ANALGESIC OPIOID AGONISTS</b>                                                          |      |                           |
| codeine sulfate                                                                           | 1    |                           |
| fentanyl citrate buccal lozenge on a handle 200 mcg                                       | 1    | PA; QL                    |
| FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 400 MCG, 600 MCG, 800 MCG                    | 3    | PA; QL                    |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr | 1    | PA                        |
| hydrocodone bitartrate                                                                    | 1    | PA                        |
| hydromorphone oral liquid                                                                 | 1    |                           |
| hydromorphone oral tablet                                                                 | 1    |                           |
| hydromorphone oral tablet extended release 24 hr                                          | 3    | PA                        |
| hydromorphone rectal                                                                      | 1    |                           |
| meperidine oral solution                                                                  | 1    |                           |
| meperidine oral tablet 50 mg                                                              | 1    |                           |
| methadone oral solution                                                                   | 1    | PA                        |
| methadone oral tablet 10 mg                                                               | 1    | PA                        |
| methadone oral tablet 5 mg                                                                | 1    |                           |
| morphine concentrate oral solution                                                        | 1    |                           |
| morphine oral capsule, er multiphase 24 hr                                                | 1    | PA                        |
| morphine oral capsule, extend. release pellets                                            | 1    | PA                        |
| morphine oral solution                                                                    | 1    |                           |
| MORPHINE ORAL TABLET                                                                      | 1    |                           |
| morphine oral tablet extended release                                                     | 1    | PA                        |
| morphine rectal                                                                           | 1    |                           |
| NUCYNTA                                                                                   | 2    |                           |

| Product Description                                                                                  | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------------------------------|------|---------------------------|
| NUCYNTA ER                                                                                           | 2    | PA                        |
| oxycodone oral capsule                                                                               | 1    |                           |
| oxycodone oral concentrate                                                                           | 1    |                           |
| oxycodone oral solution                                                                              | 1    |                           |
| oxycodone oral tablet                                                                                | 1    |                           |
| OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 20 MG, 40 MG, 80 MG                                    | 3    | PA                        |
| oxymorphone oral tablet                                                                              | 1    |                           |
| oxymorphone oral tablet extended release 12 hr                                                       | 1    | PA                        |
| tramadol oral tablet 50 mg                                                                           | 1    |                           |
| tramadol oral tablet extended release 24 hr                                                          | 3    | PA                        |
| tramadol oral tablet, er multiphase 24 hr                                                            | 3    | PA                        |
| XTAMPZA ER                                                                                           | 2    | 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 | 1    |                           |
| acetaminophen-codeine oral tablet                                                                    | 1    |                           |
| ascomp with codeine                                                                                  | 1    |                           |
| butalbital-acetaminop-caf-cod                                                                        | 1    | QL                        |
| codeine-bitalbital-asa-caff                                                                          | 1    |                           |
| <b>ANALGESIC OPIOID DIHYDROCODEINE COMBINATIONS</b>                                                  |      |                           |
| acetaminophen-caff-dihydrocod 320.5-30-16 mg                                                         | 1    |                           |
| <b>ANALGESIC OPIOID DIHYDROCODEINE, NON-SALICYLATE ANALGESIC,XANTHINE</b>                            |      |                           |
| acetaminophen-caff-dihydrocod 320.5-30-16 mg                                                         | 1    |                           |
| <b>ANALGESIC OPIOID HYDROCODONE AND NON-SALICYLATE COMBINATIONS</b>                                  |      |                           |
| hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml    | 1    |                           |
| hydrocodone-acetaminophen oral tablet                                                                | 1    |                           |
| <b>ANALGESIC OPIOID HYDROCODONE AND NSAID COMBINATIONS</b>                                           |      |                           |
| hydrocodone-ibuprofen                                                                                | 1    |                           |
| <b>ANALGESIC OPIOID HYDROCODONE COMBINATIONS</b>                                                     |      |                           |
| hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml    | 1    |                           |
| hydrocodone-acetaminophen oral tablet                                                                | 1    |                           |
| hydrocodone-ibuprofen                                                                                | 1    |                           |
| <b>ANALGESIC OPIOID OXYCODONE AND NON-SALICYLATE COMBINATIONS</b>                                    |      |                           |
| endocet                                                                                              | 1    |                           |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg                      | 1    |                           |
| <b>ANALGESIC OPIOID OXYCODONE COMBINATIONS</b>                                                       |      |                           |
| endocet                                                                                              | 1    |                           |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg                      | 1    |                           |
| <b>ANALGESIC OPIOID PARTIAL-MIXED AGONISTS</b>                                                       |      |                           |
| buprenorphine 10 mcg/hr patch                                                                        | 1    | PA                        |
| buprenorphine 10 mcg/hr patch inner                                                                  | 1    | PA                        |
| buprenorphine 10 mcg/hr patch outer                                                                  | 1    | PA                        |
| buprenorphine 15 mcg/hr patch                                                                        | 1    | PA                        |
| buprenorphine 15 mcg/hr patch inner                                                                  | 1    | PA                        |
| buprenorphine 15 mcg/hr patch outer                                                                  | 1    | PA                        |

| Product Description                                                                      | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------------------|------|---------------------------|
| buprenorphine 20 mcg/hr patch                                                            | 1    | PA                        |
| buprenorphine 20 mcg/hr patch inner                                                      | 1    | PA                        |
| buprenorphine 20 mcg/hr patch outer                                                      | 1    | PA                        |
| buprenorphine 5 mcg/hr patch                                                             | 1    | PA                        |
| buprenorphine 5 mcg/hr patch inner                                                       | 1    | PA                        |
| buprenorphine 5 mcg/hr patch outer                                                       | 1    | PA                        |
| buprenorphine 7.5 mcg/hr patch                                                           | 1    | PA                        |
| buprenorphine 7.5 mcg/hr patch inner                                                     | 1    | PA                        |
| buprenorphine 7.5 mcg/hr patch outer                                                     | 1    | PA                        |
| buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour | 1    | PA                        |
| butorphanol nasal                                                                        | 1    | QL                        |
| pentazocine-naloxone                                                                     | 1    |                           |
| <b>ANALGESIC OPIOID TRAMADOL AND NON-SALICYLATE COMBINATIONS</b>                         |      |                           |
| tramadol-acetaminophen                                                                   | 1    |                           |
| <b>ANALGESIC OPIOID TRAMADOL COMBINATIONS</b>                                            |      |                           |
| tramadol-acetaminophen                                                                   | 1    |                           |
| <b>ANALGESIC OR ANTIPYRETIC NON-OPIOID/SEDATIVE COMBINATIONS</b>                         |      |                           |
| butalbital-acetaminophen oral tablet 50-325 mg                                           | 1    |                           |
| butalbital-acetaminophen-caff oral capsule 50-300-40 mg                                  | 1    |                           |
| butalbital-acetaminophen-caff oral capsule 50-325-40 mg                                  | 3    |                           |
| butalbital-acetaminophen-caff oral tablet                                                | 3    |                           |
| <b>ANTI-INFLAMMATORY - ANTIMITOTICS</b>                                                  |      |                           |
| LODOCO                                                                                   | 3    | PA; QL                    |
| <b>ANTI-INFLAMMATORY - COMPLEMENT (C5) RECEPTOR INHIBITORS</b>                           |      |                           |
| TAVNEOS                                                                                  | 3    | PA; QL; S                 |
| <b>ANTI-INFLAMMATORY - INTERLEUKIN-1 RECEPTOR ANTAGONIST</b>                             |      |                           |
| ARCALYST                                                                                 | 3    | PA; QL; S                 |
| <b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, NON-SELECTIVE</b>          |      |                           |
| ENBREL MINI                                                                              | 2    | PA; QL; MS; S             |
| ENBREL SUBCUTANEOUS SOLUTION                                                             | 2    | PA; QL; MS; S             |
| ENBREL SUBCUTANEOUS SYRINGE                                                              | 2    | PA; QL; MS; S             |
| ENBREL SURECLICK                                                                         | 2    | PA; QL; MS; S             |
| <b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, TNF-ALPHA SELECTIVE</b>    |      |                           |
| CIMZIA                                                                                   | 3    | PA; QL; MS; S             |
| CIMZIA STARTER KIT                                                                       | 3    | PA; QL; MS; S             |
| HADLIMA                                                                                  | 2    | PA; QL; MS; S             |
| HADLIMA PUSH TOUCH                                                                       | 2    | PA; QL; MS; S             |
| HADLIMA(CF)                                                                              | 2    | PA; QL; MS; S             |
| HADLIMA(CF) PUSH TOUCH                                                                   | 2    | PA; QL; MS; S             |
| HUMIRA PEN (ABBVIE)                                                                      | 2    | PA; QL; MS; S             |
| HUMIRA SYRINGE KIT (ABBVIE)                                                              | 2    | PA; QL; MS; S             |
| HUMIRA(CF) (ABBVIE)                                                                      | 2    | PA; QL; MS; S             |
| HUMIRA(CF) PEN (ABBVIE)                                                                  | 2    | PA; QL; MS; S             |
| HUMIRA(CF) PEN CROHNS-UC-HS (ABBVIE)                                                     | 2    | PA; QL; MS; S             |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ABBVIE)                                                  | 2    | PA; QL; MS; S             |
| SIMLANDI(CF) AUTOINJECTOR                                                                | 2    | PA; QL; MS; S             |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML                         | 2    | PA; QL; MS; S             |

| Product Description                                                           | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|------|---------------------------|
| <b>DMARD - ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS</b>      |      |                           |
| CIMZIA                                                                        | 3    | PA; QL; MS; S             |
| CIMZIA STARTER KIT                                                            | 3    | PA; QL; MS; S             |
| ENBREL MINI                                                                   | 2    | PA; QL; MS; S             |
| ENBREL SUBCUTANEOUS SOLUTION                                                  | 2    | PA; QL; MS; S             |
| ENBREL SUBCUTANEOUS SYRINGE                                                   | 2    | PA; QL; MS; S             |
| ENBREL SURECLICK                                                              | 2    | PA; QL; MS; S             |
| HADLIMA                                                                       | 2    | PA; QL; MS; S             |
| HADLIMA PUSHTOUCH                                                             | 2    | PA; QL; MS; S             |
| HADLIMA(CF)                                                                   | 2    | PA; QL; MS; S             |
| HADLIMA(CF) PUSHTOUCH                                                         | 2    | PA; QL; MS; S             |
| HUMIRA PEN (ABBVIE)                                                           | 2    | PA; QL; MS; S             |
| HUMIRA SYRINGE KIT (ABBVIE)                                                   | 2    | PA; QL; MS; S             |
| HUMIRA(CF) (ABBVIE)                                                           | 2    | PA; QL; MS; S             |
| HUMIRA(CF) PEN (ABBVIE)                                                       | 2    | PA; QL; MS; S             |
| HUMIRA(CF) PEN CROHNS-UC-HS (ABBVIE)                                          | 2    | PA; QL; MS; S             |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ABBVIE)                                       | 2    | PA; QL; MS; S             |
| SIMLANDI(CF) AUTOINJECTOR                                                     | 2    | PA; QL; MS; S             |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML              | 2    | PA; QL; MS; S             |
| <b>DMARD - ANTIMALARIALS</b>                                                  |      |                           |
| hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg                         | 1    | QL                        |
| hydroxychloroquine oral tablet 200 mg                                         | 1    |                           |
| <b>DMARD - ANTIMETABOLITES</b>                                                |      |                           |
| JYLAMVO                                                                       | 3    | PA; QL                    |
| methotrexate sodium                                                           | 1    |                           |
| methotrexate sodium (pf) injection solution                                   | 1    |                           |
| XATMEP                                                                        | 3    | PA                        |
| <b>DMARD - ANTINFLAMMATORY, SELECT. COSTIMULATION MODULATOR,T-CELL INHIB.</b> |      |                           |
| ORENCIA                                                                       | 3    | PA; QL; MS; S             |
| ORENCIA CLICKJECT                                                             | 3    | PA; QL; MS; S             |
| <b>DMARD - IMMUNOSUPPRESSIVES</b>                                             |      |                           |
| azathioprine oral tablet 50 mg                                                | 1    | S; PV                     |
| cyclophosphamide oral capsule                                                 | 1    |                           |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG                                            | 3    |                           |
| cyclosporine modified                                                         | 1    | S; PV                     |
| cyclosporine oral capsule                                                     | 1    | S; PV                     |
| gengraf                                                                       | 1    | S; PV                     |
| mycophenolate mofetil                                                         | 1    | S; PV                     |
| <b>DMARD - INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS, MONOCLONAL ANTIBODY</b>  |      |                           |
| ACTEMRA ACTPEN                                                                | 2    | PA; QL; MS; S             |
| ACTEMRA SUBCUTANEOUS                                                          | 2    | PA; QL; MS; S             |
| TYENNE AUTOINJECTOR                                                           | 2    | PA; QL; MS; S             |
| TYENNE SUBCUTANEOUS                                                           | 2    | PA; QL; MS; S             |
| <b>DMARD - JANUS KINASE (JAK) INHIBITORS</b>                                  |      |                           |
| RINVOQ                                                                        | 2    | PA; QL; MS; S             |
| RINVOQ LQ                                                                     | 2    | PA; QL; MS; S             |
| XELJANZ ORAL SOLUTION                                                         | 2    | PA; QL; MS; S             |

| Product Description                                                                         | Tier | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------|------|---------------------------|
| XELJANZ ORAL TABLET 5 MG                                                                    | 2    | PA; QL; MS; S             |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG                                         | 2    | PA; QL; MS; S             |
| <b>DMARD - OTHER</b>                                                                        |      |                           |
| minocycline oral capsule                                                                    | 1    |                           |
| minocycline oral tablet                                                                     | 1    |                           |
| penicillamine oral capsule (generic for cuprimine)                                          | 1    | QL                        |
| sulfasalazine                                                                               | 1    |                           |
| <b>DMARD - PHOSPHODIESTERASE-4 (PDE4) INHIBITORS</b>                                        |      |                           |
| OTEZLA                                                                                      | 2    | PA; QL; MS; S             |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | 2    | PA; QL; MS; S             |
| OTEZLA XR                                                                                   | 2    | PA; QL; MS; S             |
| OTEZLA XR INITIATION                                                                        | 2    | PA; QL; MS; S             |
| <b>DMARD - PYRIMIDINE SYNTHESIS INHIBITORS</b>                                              |      |                           |
| leflunomide                                                                                 | 1    |                           |
| <b>IMMUNOMODULATOR - RHO KINASE INHIBITOR</b>                                               |      |                           |
| REZUROCK                                                                                    | 3    | PA; QL; MS; S             |
| <b>IMMUNOMODULATOR B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITOR MCAB</b>               |      |                           |
| BENLYSTA INTRAVENOUS                                                                        | 3    | PA; MS; S                 |
| BENLYSTA SUBCUTANEOUS                                                                       | 3    | MS; S                     |
| <b>NSAID ANALGESIC, CYCLOOXYGENASE-2 (COX-2) SELECTIVE INHIBITORS</b>                       |      |                           |
| celecoxib                                                                                   | 1    | QL                        |
| <b>NSAID ANALGESICS (COX NON-SPECIFIC) - OTHER</b>                                          |      |                           |
| ketorolac oral                                                                              | 1    | QL                        |
| nabumetone                                                                                  | 1    | QL                        |
| sulindac                                                                                    | 1    |                           |
| <b>NSAID ANALGESICS (COX NON-SPECIFIC) - OXICAM DERIVATIVES</b>                             |      |                           |
| meloxicam oral tablet                                                                       | 1    |                           |
| piroxicam                                                                                   | 1    |                           |
| <b>NSAID ANALGESICS (COX NON-SPECIFIC) - PHENYLACETIC ACID DERIVATIVES</b>                  |      |                           |
| diclofenac potassium oral tablet 50 mg                                                      | 1    |                           |
| diclofenac sodium oral                                                                      | 1    |                           |
| DICLOFENAC SUBMICRONIZED                                                                    | 3    | PA; QL                    |
| <b>NSAID ANALGESICS (COX NON-SPECIFIC) - PROPIONIC ACID DERIVATIVES</b>                     |      |                           |
| flurbiprofen oral tablet 100 mg                                                             | 3    |                           |
| ibu                                                                                         | 1    |                           |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg                                                | 1    |                           |
| ketoprofen oral capsule 50 mg, 75 mg                                                        | 1    |                           |
| LURBIRO                                                                                     | 3    |                           |
| naproxen oral tablet                                                                        | 1    |                           |
| naproxen oral tablet,delayed release (dr/ec) 375 mg                                         | 3    |                           |
| naproxen sodium oral tablet 275 mg, 550 mg                                                  | 3    |                           |
| oxaprozin oral tablet                                                                       | 3    | QL                        |
| <b>NSAID ANALGESICS, (COX NON-SPECIFIC) - INDOLE ACETIC ACID DERIVATIVES</b>                |      |                           |
| etodolac                                                                                    | 1    |                           |
| indomethacin oral capsule                                                                   | 1    |                           |
| indomethacin oral capsule, extended release                                                 | 1    |                           |

| Product Description                                                               | Tier | Limits/Restrictions/Notes                 |
|-----------------------------------------------------------------------------------|------|-------------------------------------------|
| <b>SALICYLATE ANALGESIC AND SEDATIVE COMBINATIONS</b>                             |      |                                           |
| butalbital-aspirin-caffeine oral capsule                                          | 1    | QL                                        |
| <b>SALICYLATE ANALGESICS</b>                                                      |      |                                           |
| ASPIRIN CHILDRENS                                                                 | 1    | QL; Covered in full age 59 and under*; PV |
| ASPIRIN ORAL TABLET,CHEWABLE                                                      | 1    | QL; Covered in full age 59 and under*; PV |
| aspirin oral tablet,delayed release (dr/ec) 81 mg                                 | 1    | QL; Covered in full age 59 and under*; PV |
| bayer low dose aspirin                                                            | 1    | QL; Covered in full age 59 and under*; PV |
| CHILDREN'S ASPIRIN                                                                | 1    | QL; Covered in full age 59 and under*; PV |
| diflunisal                                                                        | 1    |                                           |
| ecotrin low strength                                                              | 1    | QL; Covered in full age 59 and under*; PV |
| salsalate                                                                         | 1    |                                           |
| <b>ANESTHETICS</b>                                                                |      |                                           |
| <b>LOCAL ANESTHETIC - AMIDES</b>                                                  |      |                                           |
| lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %) | 1    |                                           |
| lidocaine hcl laryngotracheal                                                     | 1    |                                           |
| <b>ANORECTAL PREPARATIONS</b>                                                     |      |                                           |
| <b>ANAL FISSURE PAIN/TREATMENT AGENTS - NITRATES</b>                              |      |                                           |
| nitroglycerin rectal                                                              | 1    | QL                                        |
| RECTIV                                                                            | 3    | QL                                        |
| <b>ANORECTAL - GLUCOCORTICOIDS</b>                                                |      |                                           |
| hemmorex-hc rectal suppository 30 mg                                              | 1    |                                           |
| hydrocortisone topical cream with perineal applicator                             | 1    |                                           |
| procto-med hc                                                                     | 1    |                                           |
| proctosol hc topical                                                              | 1    |                                           |
| proctozone-hc                                                                     | 1    |                                           |
| <b>ANORECTAL - HEMORRHOIDAL RECTAL GLUCOCORTICOID-LOCAL ANESTHETIC COMB</b>       |      |                                           |
| lidocaine hcl-hydrocortison ac rectal cream                                       | 1    |                                           |
| lidocaine hcl-hydrocortison ac rectal gel                                         | 1    |                                           |
| <b>ANTIDOTES AND OTHER REVERSAL AGENTS</b>                                        |      |                                           |
| <b>ANTIDOTE - ACETAMINOPHEN POISONING</b>                                         |      |                                           |
| acetylcysteine                                                                    | 1    |                                           |
| <b>CHELATING AGENTS - COPPER</b>                                                  |      |                                           |
| penicillamine oral capsule (generic for cuprimine)                                | 1    | QL                                        |
| trientine oral capsule 250 mg                                                     | 2    | PA                                        |
| <b>CHELATING AGENTS - IRON</b>                                                    |      |                                           |
| deferasirox oral tablet                                                           | 1    | MS; S                                     |
| deferasirox oral tablet, dispersible                                              | 1    | MS; S                                     |
| <b>CHELATING AGENTS - LEAD POISONING</b>                                          |      |                                           |
| CHEMET                                                                            | 3    |                                           |
| <b>MU-OPIOID RECEPTOR ANTAGONISTS, PERIPHERALLY-ACTING</b>                        |      |                                           |
| alvimopan                                                                         | 1    |                                           |
| MOVANTIK                                                                          | 2    | QL                                        |
| <b>OPIOID REVERSAL AGENTS - OPIOID ANTAGONISTS</b>                                |      |                                           |
| ft naloxone hcl 4 mg nasal spr (otc)                                              | 3    |                                           |
| gnp naloxone hcl 4 mg nasal sp (otc)                                              | 3    |                                           |
| KLOXXADO                                                                          | 2    | PV                                        |
| naloxone hcl 4 mg nasal spray inner (otc)                                         | 3    |                                           |
| naloxone hcl 4 mg nasal spray outer (otc)                                         | 3    |                                           |

| Product Description                                                       | Tier | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------|------|---------------------------|
| naloxone injection solution                                               | 1    | PV                        |
| naloxone injection syringe                                                | 1    | PV                        |
| naloxone nasal spray,non-aerosol 4 mg/actuation                           | 1    | PV                        |
| OPVEE                                                                     | 2    |                           |
| REXTOVY                                                                   | 2    | PV                        |
| ZIMHI                                                                     | 2    | PV                        |
| ZURNAL                                                                    | 2    |                           |
| <b>ANTI-INFECTIVE AGENTS</b>                                              |      |                           |
| <b>AMINOGLYCOSIDE ANTIBIOTIC</b>                                          |      |                           |
| ARIKAYCE                                                                  | 3    | PA; QL; S                 |
| gentamicin injection                                                      | 1    |                           |
| neomycin                                                                  | 1    |                           |
| tobramycin sulfate injection solution                                     | 1    |                           |
| <b>AMINOMETHYLCYCLINE ANTIBIOTICS</b>                                     |      |                           |
| NUZYRA ORAL                                                               | 3    | PA; QL                    |
| <b>AMINOPENICILLIN ANTIBIOTIC</b>                                         |      |                           |
| amoxicillin oral capsule                                                  | 1    |                           |
| amoxicillin oral suspension for reconstitution                            | 1    |                           |
| amoxicillin oral tablet                                                   | 1    |                           |
| amoxicillin oral tablet,chewable 125 mg, 250 mg                           | 1    |                           |
| ampicillin oral capsule 500 mg                                            | 1    |                           |
| <b>AMINOPENICILLIN ANTIBIOTIC - BETA-LACTAMASE INHIBITOR COMBINATIONS</b> |      |                           |
| amoxicillin-pot clavulanate                                               | 1    |                           |
| <b>ANTHELMINTIC AGENTS - BENZIMIDAZOLE DERIVATIVES</b>                    |      |                           |
| albendazole                                                               | 1    |                           |
| <b>ANTHELMINTIC AGENTS - MACROCYCLIC LACTONES</b>                         |      |                           |
| ivermectin oral tablet 3 mg                                               | 1    |                           |
| <b>ANTHELMINTIC AGENTS OTHER</b>                                          |      |                           |
| praziquantel                                                              | 1    |                           |
| <b>ANTIBACTERIAL FOLATE ANTAGONIST - OTHER COMBINATIONS</b>               |      |                           |
| sulfamethoxazole-trimethoprim oral                                        | 1    |                           |
| sulfatrim                                                                 | 1    |                           |
| <b>ANTIBACTERIAL FOLATE ANTAGONIST OTHERS</b>                             |      |                           |
| trimethoprim                                                              | 1    |                           |
| <b>ANTIBACTERIAL NITROFURAN DERIVATIVES</b>                               |      |                           |
| nitrofurantoin macrocrystal                                               | 1    |                           |
| nitrofurantoin monohydrate macrocrystals                                  | 1    |                           |
| <b>ANTIBACTERIAL OTHER</b>                                                |      |                           |
| fosfomycin tromethamine                                                   | 1    |                           |
| <b>ANTIFUNGAL - ALLYLAMINES</b>                                           |      |                           |
| terbinafine hcl oral                                                      | 1    |                           |
| <b>ANTIFUNGAL - AMPHOTERIC POLYENE MACROLIDES</b>                         |      |                           |
| amphotericin b                                                            | 1    |                           |
| nystatin oral tablet                                                      | 1    |                           |
| <b>ANTIFUNGAL - FLUORINATED PYRIMIDINE-TYPE AGENTS</b>                    |      |                           |
| flucytosine                                                               | 1    |                           |
| <b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITOR, TRITERPENOID</b>              |      |                           |
| BREXAFEMME                                                                | 3    | PA; QL                    |

| Product Description                                                         | Tier | Limits/Restrictions/Notes |
|-----------------------------------------------------------------------------|------|---------------------------|
| <b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>                             |      |                           |
| BREXAFEMME                                                                  | 3    | PA; QL                    |
| <b>ANTIFUNGAL - IMIDAZOLES</b>                                              |      |                           |
| ketoconazole oral                                                           | 1    |                           |
| <b>ANTIFUNGAL - TETRAZOLES</b>                                              |      |                           |
| VIVJOA                                                                      | 3    | PA; QL; S                 |
| <b>ANTIFUNGAL - TRIAZOLES</b>                                               |      |                           |
| CRESEMBA ORAL                                                               | 3    |                           |
| fluconazole                                                                 | 1    |                           |
| itraconazole oral capsule                                                   | 2    |                           |
| itraconazole oral solution                                                  | 3    |                           |
| voriconazole oral suspension for reconstitution                             | 3    |                           |
| voriconazole oral tablet 200 mg                                             | 3    | QL                        |
| voriconazole oral tablet 50 mg                                              | 3    |                           |
| <b>ANTIFUNGAL OTHER</b>                                                     |      |                           |
| griseofulvin microsize                                                      | 1    |                           |
| griseofulvin ultramicrosize oral tablet 125 mg, 250 mg                      | 1    |                           |
| <b>ANTI-INFECTIVE IMMUNOLOGIC ADJUVANTS - INTERFERONS</b>                   |      |                           |
| ACTIMMUNE                                                                   | 3    | PA; QL; MS; S             |
| <b>ANTILEPTIC - IMMUNOMODULATORS</b>                                        |      |                           |
| THALOMID ORAL CAPSULE 100 MG, 50 MG                                         | 3    | QL; MS; S                 |
| <b>ANTILEPTIC - SULFONE AGENTS</b>                                          |      |                           |
| dapsone oral                                                                | 1    |                           |
| <b>ANTIMALARIAL COMBINATIONS</b>                                            |      |                           |
| atovaquone-proguanil                                                        | 1    |                           |
| <b>ANTIMALARIALS</b>                                                        |      |                           |
| chloroquine phosphate                                                       | 1    |                           |
| hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg                       | 1    | QL                        |
| hydroxychloroquine oral tablet 200 mg                                       | 1    |                           |
| KRINTAFEL                                                                   | 3    |                           |
| mefloquine                                                                  | 1    |                           |
| PRIMAQUINE 26.3 MG TABLET (SANOFI)                                          | 3    |                           |
| primaquine oral tablet 26.3 mg (15 mg base)                                 | 1    |                           |
| pyrimethamine                                                               | 3    | PA; MS; S                 |
| quinine sulfate                                                             | 3    | PA                        |
| <b>ANTIPROTOZOAL AGENTS - NITROFURAN DERIVATIVES</b>                        |      |                           |
| LAMPIT                                                                      | 3    |                           |
| <b>ANTIPROTOZOAL AGENTS - NITROIMIDAZOLE DERIVATIVES</b>                    |      |                           |
| BENZNIDAZOLE                                                                | 3    | QL                        |
| <b>ANTIPROTOZOAL AGENTS - OTHER</b>                                         |      |                           |
| atovaquone                                                                  | 1    |                           |
| IMPAVIDO                                                                    | 3    | PA; QL                    |
| <b>ANTIPROTOZOAL AGENTS (ANTIPARASITIC) - 5-NITROTHIAZOLYL DERIVATIVES</b>  |      |                           |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION                                   | 3    | QL                        |
| nitazoxanide                                                                | 1    | QL                        |
| <b>ANTIPROTOZOAL-ANTIBACTERIAL 1ST GENERATION 2-METHYL-5-NITROIMIDAZOLE</b> |      |                           |
| metronidazole oral tablet 250 mg, 500 mg                                    | 1    |                           |

| Product Description                                                          | Tier | Limits/Restrictions/Notes             |
|------------------------------------------------------------------------------|------|---------------------------------------|
| <b>ANTIPROTOZOAL-ANTIBACTERIAL 2ND GENERATION 2-METHYL-5-NITROIMIDAZOLE</b>  |      |                                       |
| tinidazole                                                                   | 1    |                                       |
| <b>ANTIRETROVIRAL - CAPSID INHIBITORS</b>                                    |      |                                       |
| SUNLENCA 4- 300 MG TABLET                                                    | 3    | QL                                    |
| SUNLENCA 5- 300 MG TABLET                                                    | 3    | QL                                    |
| YEZTUGO ORAL                                                                 | 3    | QL; S; Covered in full for PrEP only* |
| <b>ANTIRETROVIRAL - CCR5 CO-RECEPTOR ANTAGONIST</b>                          |      |                                       |
| maraviroc                                                                    | 1    | QL; S                                 |
| SELZENTRY ORAL SOLUTION                                                      | 2    | S                                     |
| <b>ANTIRETROVIRAL - CD4 ATTACHMENT INHIBITORS</b>                            |      |                                       |
| RUKOBIA                                                                      | 3    | S                                     |
| <b>ANTIRETROVIRAL - HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS</b>           |      |                                       |
| ISENTRESS HD                                                                 | 2    | S                                     |
| ISENTRESS ORAL POWDER IN PACKET                                              | 2    | S                                     |
| ISENTRESS ORAL TABLET                                                        | 2    | QL; S                                 |
| ISENTRESS ORAL TABLET,CHEWABLE                                               | 2    | QL; S                                 |
| TIVICAY ORAL TABLET 50 MG                                                    | 3    | S                                     |
| TIVICAY PD                                                                   | 3    | S                                     |
| <b>ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NNRTI COMBINATIONS</b>           |      |                                       |
| JULUCA                                                                       | 2    | S                                     |
| <b>ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NRTI COMBINATIONS</b>            |      |                                       |
| DOVATO                                                                       | 2    | S                                     |
| <b>ANTIRETROVIRAL - NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIB (NNRTI)</b>   |      |                                       |
| EDURANT                                                                      | 3    | S                                     |
| EDURANT PED                                                                  | 3    | S                                     |
| efavirenz oral tablet                                                        | 1    | S                                     |
| etravirine                                                                   | 1    | S                                     |
| INTELENCE ORAL TABLET 25 MG                                                  | 2    | S                                     |
| nevirapine                                                                   | 1    | S                                     |
| PIFELTRO                                                                     | 3    | QL; S                                 |
| <b>ANTIRETROVIRAL - NUCLEOSIDE AND NUCLEOTIDE ANALOG RTIS COMBINATIONS</b>   |      |                                       |
| CIMDUO                                                                       | 3    | QL; S                                 |
| DESCOVY                                                                      | 2    | S; Covered in full for PrEP only*     |
| emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg | 1    | S                                     |
| emtricitabine-tenofovir (tdf) oral tablet 200-300 mg                         | 1    | S; Covered in full for PrEP only*     |
| <b>ANTIRETROVIRAL - NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>   |      |                                       |
| abacavir                                                                     | 1    | S                                     |
| emtricitabine                                                                | 1    | S                                     |
| EMTRIVA ORAL SOLUTION                                                        | 3    | S                                     |
| lamivudine oral solution                                                     | 1    | S                                     |
| lamivudine oral tablet 150 mg, 300 mg                                        | 1    | S                                     |
| zidovudine                                                                   | 1    | S                                     |
| <b>ANTIRETROVIRAL - NUCLEOTIDE ANALOG REVERSE TRANSCRIPTASE INHIBITORS</b>   |      |                                       |
| tenofovir disoproxil fumarate                                                | 1    | S                                     |
| VIREAD ORAL POWDER                                                           | 3    | S                                     |

| Product Description                                                               | Tier | Limits/Restrictions/Notes             |
|-----------------------------------------------------------------------------------|------|---------------------------------------|
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                                         | 3    | S                                     |
| <b>ANTIRETROVIRAL - PRE-EXPOSURE PROPHYLAXIS (PREP)</b>                           |      |                                       |
| YEZTUGO ORAL                                                                      | 3    | QL; S; Covered in full for PrEP only* |
| <b>ANTIRETROVIRAL COMBINATIONS - PROTEASE INHIBITORS</b>                          |      |                                       |
| lopinavir-ritonavir oral tablet                                                   | 1    | S                                     |
| <b>ANTIRETROVIRAL- NUCLEOSIDE AND NUCLEOTIDE ANALOGS,PROTEASE INHIBITORS</b>      |      |                                       |
| SYMTUZA                                                                           | 3    | QL; S                                 |
| <b>ANTIRETROVIRAL-INTEGRASE INHIBITOR,NUCLEOSIDE AND NUCLEOTIDE RTIS COMB</b>     |      |                                       |
| BIKTARVY                                                                          | 2    | QL; S                                 |
| GENVOYA                                                                           | 2    | S                                     |
| STRIBILD                                                                          | 3    | QL; S                                 |
| <b>ANTIRETROVIRAL-NUCLEOSIDE ANALOGS AND INTEGRASE INHIBITOR COMBINATIONS</b>     |      |                                       |
| TRIUMEQ                                                                           | 2    | S                                     |
| TRIUMEQ PD                                                                        | 2    | QL; S                                 |
| <b>ANTIRETROVIRAL-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) COMB</b>     |      |                                       |
| abacavir-lamivudine                                                               | 1    | S                                     |
| lamivudine-zidovudine                                                             | 1    | S                                     |
| <b>ANTIRETROVIRAL-NUCLEOSIDE, NUCLEOTIDE ANALOGS AND NON-NUCLEOSIDE RTI</b>       |      |                                       |
| DELSTRIGO                                                                         | 3    | QL; S                                 |
| efavirenz-emtricitabin-tenofov                                                    | 1    | QL; S                                 |
| efavirenz-lamivu-tenofov disop                                                    | 1    | QL; S                                 |
| emtricitra-rilpivirine-tenof df                                                   | 1    | S                                     |
| ODEFSEY                                                                           | 3    | S                                     |
| <b>ANTITUBERCULAR - D-ALANINE ANALOGS</b>                                         |      |                                       |
| cycloserine                                                                       | 1    |                                       |
| <b>ANTITUBERCULAR - ISONICOTINIC ACID DERIVATIVES</b>                             |      |                                       |
| isoniazid oral                                                                    | 1    |                                       |
| <b>ANTITUBERCULAR - NIACINAMIDE DERIVATIVES</b>                                   |      |                                       |
| pyrazinamide                                                                      | 1    |                                       |
| <b>ANTITUBERCULAR - RIFAMYCIN AND DERIVATIVES</b>                                 |      |                                       |
| rifabutin                                                                         | 1    |                                       |
| rifampin oral                                                                     | 1    |                                       |
| <b>ANTITUBERCULAR AGENTS OTHER</b>                                                |      |                                       |
| ethambutol                                                                        | 1    |                                       |
| <b>CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION</b>                                 |      |                                       |
| cefadroxil oral capsule                                                           | 1    |                                       |
| cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml            | 1    |                                       |
| cefadroxil oral tablet                                                            | 1    |                                       |
| cephalexin                                                                        | 1    |                                       |
| <b>CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION</b>                                 |      |                                       |
| cefaclor oral capsule                                                             | 1    |                                       |
| cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml | 1    |                                       |
| cefaclor oral tablet extended release 12 hr                                       | 1    |                                       |
| cefprozil                                                                         | 1    |                                       |
| cefuroxime axetil oral tablet                                                     | 1    |                                       |

| Product Description                                                  | Tier | Limits/Restrictions/Notes |
|----------------------------------------------------------------------|------|---------------------------|
| <b>CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION</b>                    |      |                           |
| cefdirinir                                                           | 1    |                           |
| cefixime                                                             | 1    |                           |
| cefpodoxime                                                          | 1    |                           |
| <b>CMV ANTIVIRAL AGENT - NUCLEOSIDE ANALOGS</b>                      |      |                           |
| valganciclovir                                                       | 1    |                           |
| <b>FLUOROQUINOLONE ANTIBIOTICS</b>                                   |      |                           |
| BAXDELA ORAL                                                         | 3    | QL                        |
| ciprofloxacin                                                        | 1    |                           |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg                 | 1    |                           |
| levofloxacin oral                                                    | 1    |                           |
| moxifloxacin oral                                                    | 1    |                           |
| ofloxacin oral tablet 300 mg, 400 mg                                 | 1    |                           |
| <b>GLYCOPEPTIDE ANTIBIOTICS</b>                                      |      |                           |
| VANCOMYCIN 25 MG/ML ORAL SOLN (WILSHIRE PHARMACEUTICALS)             | 3    |                           |
| vancomycin intravenous recon soln 1.75 gram, 2 gram                  | 1    |                           |
| vancomycin oral capsule                                              | 1    |                           |
| vancomycin oral recon soln 25 mg/ml, 50 mg/ml                        | 1    |                           |
| <b>HEPATITIS B TREATMENT- NUCLEOSIDE ANALOGS (ANTIVIRAL)</b>         |      |                           |
| entecavir                                                            | 1    | QL                        |
| lamivudine oral tablet 100 mg                                        | 1    |                           |
| <b>HEPATITIS B TREATMENT- NUCLEOTIDE ANALOGS (ANTIVIRAL)</b>         |      |                           |
| adefovir                                                             | 1    |                           |
| tenofovir disoproxil fumarate                                        | 1    | S                         |
| VIREAD ORAL POWDER                                                   | 3    | S                         |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                            | 3    | S                         |
| <b>HEPATITIS C - INTERFERONS</b>                                     |      |                           |
| PEGASYS                                                              | 3    | PA; QL; MS; S             |
| <b>HEPATITIS C - NS5B POLYMERASE AND NS5A INHIBITOR COMBINATIONS</b> |      |                           |
| EPCLUSA                                                              | 2    | PA; QL; MS; S             |
| HARVONI                                                              | 2    | PA; QL; MS; S             |
| LEDIPASVIR-SOFOSBUVIR                                                | 2    | PA; QL; MS; S             |
| SOFOVIR-SOFOSBUVIR-VELPATASVIR                                       | 2    | PA; QL; MS; S             |
| <b>HEPATITIS C - NUCLEOSIDE ANALOGS</b>                              |      |                           |
| ribavirin oral capsule                                               | 3    | PA; MS; S                 |
| ribavirin oral tablet 200 mg                                         | 3    | PA; MS; S                 |
| <b>HERPES ANTIVIRAL AGENT - PURINE ANALOGS</b>                       |      |                           |
| acyclovir oral capsule                                               | 1    |                           |
| acyclovir oral suspension 200 mg/5 ml                                | 1    |                           |
| acyclovir oral tablet                                                | 1    |                           |
| valacyclovir                                                         | 1    |                           |
| <b>HERPES ANTIVIRAL AGENT - THYMIDINE ANALOGS</b>                    |      |                           |
| famciclovir oral tablet 125 mg, 250 mg                               | 1    |                           |
| famciclovir oral tablet 500 mg                                       | 1    | QL                        |
| <b>INFLUENZA ANTIVIRAL AGENTS - NEURAMINIDASE INHIBITORS</b>         |      |                           |
| oseltamivir                                                          | 1    | QL                        |
| <b>INFLUENZA ANTIVIRAL AGENTS - PA ENDONUCLEASE INHIBITOR</b>        |      |                           |
| XOFLUZA ORAL TABLET 40 MG, 80 MG                                     | 3    | QL                        |
| <b>INFLUENZA-A ANTIVIRAL AGENTS</b>                                  |      |                           |
| rimantadine                                                          | 1    |                           |

| Product Description                                                                  | Tier | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------------------|------|---------------------------|
| <b>LINCOSAMIDE ANTIBIOTICS</b>                                                       |      |                           |
| clindamycin hcl                                                                      | 1    |                           |
| clindamycin pediatric                                                                | 1    |                           |
| <b>MACROLIDE ANTIBIOTICS</b>                                                         |      |                           |
| azithromycin oral                                                                    | 1    |                           |
| clarithromycin                                                                       | 1    |                           |
| DIFICID                                                                              | 3    |                           |
| ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg                           | 1    |                           |
| ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG                                   | 3    |                           |
| erythrocine (as stearate) oral tablet 250 mg                                         | 1    |                           |
| erythromycin oral                                                                    | 1    |                           |
| fidaxomicin                                                                          | 1    |                           |
| <b>MISC ANTI-INFECTIVE</b>                                                           |      |                           |
| methenamine hippurate                                                                | 1    |                           |
| methenamine mandelate                                                                | 1    |                           |
| pentamidine inhalation                                                               | 1    |                           |
| <b>MISC ANTI-INFECTIVE COMBINATIONS</b>                                              |      |                           |
| methen-sod phos-meth blue-hyos                                                       | 1    |                           |
| urimar-t oral tablet                                                                 | 1    |                           |
| urogesic-blue                                                                        | 1    |                           |
| uro-mp                                                                               | 1    |                           |
| uryl                                                                                 | 1    |                           |
| <b>OXAZOLIDINONE ANTIBIOTICS</b>                                                     |      |                           |
| linezolid oral suspension for reconstitution                                         | 1    |                           |
| linezolid oral tablet                                                                | 1    | QL                        |
| SIVEXTRO ORAL                                                                        | 3    | PA; QL                    |
| <b>PENICILLIN ANTIBIOTIC - NATURAL</b>                                               |      |                           |
| penicillin v potassium                                                               | 1    |                           |
| <b>PENICILLIN ANTIBIOTIC - PENICILLINASE-RESISTANT</b>                               |      |                           |
| dicloxacillin                                                                        | 1    |                           |
| <b>PLEUROMUTILIN ANTIBIOTICS</b>                                                     |      |                           |
| XENLETA ORAL                                                                         | 3    | PA; QL                    |
| <b>PROTEASE INHIBITORS (NON-PEPTIDIC) ANTIRETROVIRAL</b>                             |      |                           |
| APTIVUS                                                                              | 3    | S                         |
| darunavir                                                                            | 1    | S                         |
| PREZISTA ORAL SUSPENSION                                                             | 3    | S                         |
| <b>PROTEASE INHIBITORS (PEPTIDIC) ANTIRETROVIRAL</b>                                 |      |                           |
| atazanavir                                                                           | 1    | S                         |
| fosamprenavir                                                                        | 1    | S                         |
| REYATAZ ORAL POWDER IN PACKET                                                        | 3    | S                         |
| ritonavir                                                                            | 1    | S                         |
| VIRACEPT ORAL TABLET                                                                 | 3    | S                         |
| <b>RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS</b>                                 |      |                           |
| rifabutin                                                                            | 1    |                           |
| rifampin oral                                                                        | 1    |                           |
| XIFAXAN ORAL TABLET 200 MG                                                           | 2    |                           |
| XIFAXAN ORAL TABLET 550 MG                                                           | 2    | QL                        |
| <b>SARS-COV-2 ANTIVIRAL AGENT - MAIN PROTEASE (MPRO) INHIBITORS</b>                  |      |                           |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 300 MG (150 MG X 2)-100 MG | 2    | QL                        |

| Product Description                                                           | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|------|---------------------------|
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)                        | 2    | QL; Covered in full*      |
| <b>SARS-COV-2 ANTIVIRAL AGENT - RNA POLYMERASE INHIBITORS</b>                 |      |                           |
| LAGEVRIO (EUA)                                                                | 2    | QL                        |
| <b>SULFONAMIDE ANTIBIOTIC</b>                                                 |      |                           |
| sulfadiazine                                                                  | 1    |                           |
| <b>TETRACYCLINE ANTIBIOTICS</b>                                               |      |                           |
| avidoxy                                                                       | 1    |                           |
| demeclocycline                                                                | 1    |                           |
| doxycycline hyclate oral capsule                                              | 1    |                           |
| doxycycline hyclate oral tablet 100 mg                                        | 1    |                           |
| doxycycline hyclate oral tablet 50 mg                                         | 3    |                           |
| doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg                | 3    |                           |
| doxycycline monohydrate oral capsule 100 mg, 50 mg                            | 1    |                           |
| doxycycline monohydrate oral capsule 75 mg                                    | 3    |                           |
| doxycycline monohydrate oral suspension for reconstitution                    | 1    |                           |
| doxycycline monohydrate oral tablet                                           | 1    |                           |
| minocycline oral capsule                                                      | 1    |                           |
| minocycline oral tablet                                                       | 1    |                           |
| mondoxyne nl oral capsule 100 mg                                              | 1    |                           |
| MONDOXYNE NL ORAL CAPSULE 75 MG                                               | 3    |                           |
| morgidox oral capsule 50 mg                                                   | 1    |                           |
| NUZYRA ORAL                                                                   | 3    | PA; QL                    |
| tetracycline oral capsule                                                     | 3    |                           |
| <b>ANTINEOPLASTICS</b>                                                        |      |                           |
| <b>ANTINEOPLASTIC-EPIDERM.GROWTH FACTOR-EGFR (ERBB1),HER-2 (ERBB2)R.INHIB</b> |      |                           |
| lapatinib                                                                     | 1    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - CYP17 (17 ALPHA-HYDROXYLASE/C17,20-LYASE) INHIBITOR</b>   |      |                           |
| abiraterone oral tablet 250 mg                                                | 1    | QL; MS; S                 |
| YONSA                                                                         | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - 1ST GENERATION EGFR TYROSINE KINASE INHIBITOR</b>         |      |                           |
| erlotinib                                                                     | 1    | PA; QL; MS; S             |
| gefitinib                                                                     | 1    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - 2ND GENERATION EGFR TYROSINE KINASE INHIBITOR</b>         |      |                           |
| GILOTRIF                                                                      | 3    | PA; QL; MS; S             |
| NERLYNX                                                                       | 3    | PA; MS; S                 |
| VIZIMPRO                                                                      | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - 3RD GENERATION EGFR TYROSINE KINASE INHIBITOR</b>         |      |                           |
| LAZCLUZE                                                                      | 3    | PA; QL; MS; S             |
| TAGRISSO                                                                      | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - AKT (PROTEIN KINASE B (PKB)) INHIBITOR</b>                |      |                           |
| TRUQAP                                                                        | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - ALKYL SULFONATES</b>                   |      |                           |
| MYLERAN                                                                       | 2    |                           |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - METHYLHYDRAZINES</b>                   |      |                           |
| MATULANE                                                                      | 3    | S                         |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - NITROGEN MUSTARDS</b>                  |      |                           |
| cyclophosphamide oral capsule                                                 | 1    |                           |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG                                            | 3    |                           |

| Product Description                                                      | Tier | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------|------|---------------------------|
| LEUKERAN                                                                 | 3    |                           |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - NITROSOUREAS</b>                  |      |                           |
| GLEOSTINE                                                                | 3    |                           |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - TRIAZENES</b>                     |      |                           |
| temozolomide                                                             | 1    | MS; S                     |
| <b>ANTINEOPLASTIC - ANAPLASTIC LYMPHOMA KINASE (ALK) INHIBITORS</b>      |      |                           |
| ALECENSA                                                                 | 3    | PA; QL; MS; S             |
| ALUNBRIG                                                                 | 3    | PA; QL; S                 |
| ENSACOVE                                                                 | 3    | PA; QL                    |
| LORBRENA                                                                 | 3    | PA; QL; MS; S             |
| XALKORI                                                                  | 3    | PA; QL; MS; S             |
| ZYKADIA                                                                  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - ANTIADRENALS</b>                                     |      |                           |
| LYSODREN                                                                 | 3    | S                         |
| <b>ANTINEOPLASTIC - ANTIANDROGENS</b>                                    |      |                           |
| abiraterone oral tablet 250 mg                                           | 1    | QL; MS; S                 |
| bicalutamide                                                             | 1    |                           |
| ERLEADA                                                                  | 3    | PA; QL; MS; S             |
| nilutamide                                                               | 1    |                           |
| NUBEQA                                                                   | 2    | PA; QL; MS; S             |
| XTANDI                                                                   | 2    | PA; QL; MS; S             |
| YONSA                                                                    | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - ANTIMETABOLITE - FOLIC ACID ANALOGS</b>              |      |                           |
| JYLAMVO                                                                  | 3    | PA; QL                    |
| methotrexate sodium                                                      | 1    |                           |
| methotrexate sodium (pf)                                                 | 1    |                           |
| XATMEP                                                                   | 3    | PA                        |
| <b>ANTINEOPLASTIC - ANTIMETABOLITE - PURINE ANALOGS</b>                  |      |                           |
| mercaptopurine oral tablet                                               | 1    |                           |
| TABLOID                                                                  | 3    |                           |
| <b>ANTINEOPLASTIC - ANTIMETABOLITE - PYRIMIDINE ANALOGS</b>              |      |                           |
| capecitabine                                                             | 1    | MS; S                     |
| cytarabine (pf)                                                          | 1    |                           |
| ONUREG                                                                   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - ANTIMETABOLITE - UREA DERIVATIVES</b>                |      |                           |
| hydroxyurea                                                              | 1    |                           |
| <b>ANTINEOPLASTIC - ANTIMETABOLITES - PYRIMIDINE ANALOG COMBINATIONS</b> |      |                           |
| LONSURF                                                                  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - AROMATASE INHIBITORS</b>                             |      |                           |
| anastrozole                                                              | 1    | Covered in full*          |
| exemestane                                                               | 1    | Covered in full*          |
| letrozole                                                                | 1    |                           |
| <b>ANTINEOPLASTIC - B-CELL LYMPHOMA-2 (BCL-2) INHIBITORS</b>             |      |                           |
| VENCLEXTA                                                                | 3    | PA; QL; S                 |
| VENCLEXTA STARTING PACK                                                  | 3    | PA; QL; S                 |
| <b>ANTINEOPLASTIC - BRAF KINASE INHIBITORS</b>                           |      |                           |
| BRAFTOVI                                                                 | 3    | PA; QL; MS; S             |
| OJEMDA                                                                   | 3    | PA; QL; MS; S             |
| TAFINLAR                                                                 | 3    | PA; QL; MS; S             |

| Product Description                                                                                                                                                                   | Tier | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| ZELBORAF                                                                                                                                                                              | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - BRUTON'S TYROSINE KINASE (BTK) INHIBITOR</b>                                                                                                                      |      |                           |
| BRUKINSA                                                                                                                                                                              | 3    | PA; QL; MS; S             |
| CALQUENCE (ACALABRUTINIB MAL)                                                                                                                                                         | 3    | PA; QL; S                 |
| IMBRUVICA ORAL CAPSULE                                                                                                                                                                | 3    | PA; QL; S                 |
| IMBRUVICA ORAL SUSPENSION                                                                                                                                                             | 3    | PA; QL; MS; S             |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG                                                                                                                                          | 3    | PA; QL; S                 |
| JAYPIRCA                                                                                                                                                                              | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - CASEINOLYTIC PROTEASE P (CLPP) ACTIVATORS</b>                                                                                                                     |      |                           |
| MODEYSO                                                                                                                                                                               | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - CYCLIN-DEPENDENT KINASE (CDK) 4/6 INHIBITORS</b>                                                                                                                  |      |                           |
| IBRANCE                                                                                                                                                                               | 3    | PA; QL; MS; S             |
| KISQALI                                                                                                                                                                               | 2    | PA; QL; MS; S             |
| VERZENIO                                                                                                                                                                              | 2    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - EPIDERMAL GROWTH FACTOR RECEPTOR-2 (HER2) INHIBITOR</b>                                                                                                           |      |                           |
| HERNEXEOS                                                                                                                                                                             | 3    | PA; QL; MS; S             |
| TUKYSA                                                                                                                                                                                | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - EPIPODOPHYLLOTOXINS</b>                                                                                                                                           |      |                           |
| etoposide oral                                                                                                                                                                        | 1    |                           |
| <b>ANTINEOPLASTIC - EXPORTIN-1 (XPO1) INHIBITORS</b>                                                                                                                                  |      |                           |
| XPOVIO 40 MG ONCE WEEKLY DOSE INNER                                                                                                                                                   | 3    | PA; QL; S                 |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - EZH2 HISTONE METHYLTRANSFERASE (HMT) INHIBITOR</b>                                                                                                                |      |                           |
| TAZVERIK                                                                                                                                                                              | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - FIBROBLAST GROWTH FACTOR RECEPTOR (FGFR) KINASE INHIB</b>                                                                                                         |      |                           |
| BALVERSA                                                                                                                                                                              | 3    | PA; QL; S                 |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)                                                                                                  | 3    | PA; QL; MS; S             |
| PEMAZYRE                                                                                                                                                                              | 3    | PA; QL; S                 |
| <b>ANTINEOPLASTIC - FMS-LIKE TYROSINE KINASE 3 (FLT3) INHIBITORS</b>                                                                                                                  |      |                           |
| VANFLYTA                                                                                                                                                                              | 3    | PA; QL; MS; S             |
| XOSPATA                                                                                                                                                                               | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - GAMMA-SECRETASE INHIBITOR (GSI)</b>                                                                                                                               |      |                           |
| OGSIVEO                                                                                                                                                                               | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR</b>                                                                                                                                    |      |                           |
| DAURISMO                                                                                                                                                                              | 3    | PA; QL; MS; S             |
| ERIVEDGE                                                                                                                                                                              | 3    | PA; QL; MS; S             |
| ODOMZO                                                                                                                                                                                | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - HISTONE DEACETYLASE (HDAC) INHIBITORS</b>                                                                                                                         |      |                           |
| ZOLINZA                                                                                                                                                                               | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - HYPOXIA INDUCIBLE FACTOR (HIF) INHIBITORS</b>                                                                                                                     |      |                           |
| WELIREG                                                                                                                                                                               | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - INTERFERONS</b>                                                                                                                                                   |      |                           |
| BESREMI                                                                                                                                                                               | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS</b>                                                                                                                                 |      |                           |
| JAKAFI                                                                                                                                                                                | 3    | PA; QL; MS; S             |

| Product Description                                                           | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|------|---------------------------|
| <b>ANTINEOPLASTIC - JANUS KINASE (JAK), ACVR1/ALK2 INHIBITORS</b>             |      |                           |
| OJJAARA                                                                       | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - JANUS KINASE(JAK),FMS-LIKE TYROSINE KINASE(FLT) INHIB</b> |      |                           |
| INREBIC                                                                       | 3    | PA; QL; MS; S             |
| VONJO                                                                         | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - KIRSTEN RAT SARCOMA (KRAS) PROTEIN INHIBITOR</b>          |      |                           |
| KRAZATI                                                                       | 3    | PA; QL; MS; S             |
| LUMAKRAS                                                                      | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS</b>     |      |                           |
| leuprolide subcutaneous kit                                                   | 1    | PA; MS; S                 |
| <b>ANTINEOPLASTIC - LHRH (GNRH) ANTAGONIST PITUITARY SUPPRESSANTS</b>         |      |                           |
| ORGOVYX                                                                       | 3    | PA; QL; S                 |
| <b>ANTINEOPLASTIC - MAST CELL STABILIZERS</b>                                 |      |                           |
| cromolyn oral                                                                 | 1    |                           |
| <b>ANTINEOPLASTIC - MEK KINASE INHIBITORS</b>                                 |      |                           |
| COTELLIC                                                                      | 3    | PA; QL; MS; S             |
| GOMEKLI                                                                       | 3    | PA; QL; S                 |
| KOSELUGO                                                                      | 3    | PA; QL; MS; S             |
| MEKINIST                                                                      | 3    | PA; QL; MS; S             |
| MEKTOVI                                                                       | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - MENIN INHIBITORS</b>                                      |      |                           |
| REVUFORJ                                                                      | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - MTOR KINASE INHIBITORS</b>                                |      |                           |
| everolimus (antineoplastic)                                                   | 1    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - MULTIKINASE INHIBITORS</b>                                |      |                           |
| CABOMETYX                                                                     | 3    | PA; QL; MS; S             |
| COMETRIQ                                                                      | 3    | PA; QL; MS; S             |
| ICLUSIG                                                                       | 3    | PA; QL; S                 |
| sorafenib                                                                     | 1    | PA; QL; MS; S             |
| STIVARGA                                                                      | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - MUTANT ISOCITRATE DEHYDROGENASE 1 (MIDH1) INHIBITORS</b>  |      |                           |
| REZLIDHIA                                                                     | 3    | PA; QL; S                 |
| TIBSOVO                                                                       | 3    | PA; QL; S                 |
| <b>ANTINEOPLASTIC - MUTANT ISOCITRATE DEHYDROGENASE 2 (MIDH2) INHIBITORS</b>  |      |                           |
| IDHIFA                                                                        | 3    | PA; MS; S                 |
| <b>ANTINEOPLASTIC - ORNITHINE DECARBOXYLASE (ODC) INHIBITORS</b>              |      |                           |
| IWILFIN                                                                       | 3    | PA; QL; S                 |
| <b>ANTINEOPLASTIC - PARP INHIBITOR AND ANTIANDROGEN COMBINATIONS</b>          |      |                           |
| AKEEGA                                                                        | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS</b>       |      |                           |
| COPIKTRA                                                                      | 3    | PA; QL; S                 |
| ZYDELIG                                                                       | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - PI3K-ALPHA INHIBITORS</b>                                 |      |                           |
| PIQRAY                                                                        | 3    | PA; QL; MS; S             |

| Product Description                                                    | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------------|------|---------------------------|
| <b>ANTINEOPLASTIC - PI3K-DELTA AND GAMMA INHIBITORS</b>                |      |                           |
| COPIKTRA                                                               | 3    | PA; QL; S                 |
| <b>ANTINEOPLASTIC - PI3K-DELTA INHIBITORS</b>                          |      |                           |
| ZYDELIG                                                                | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS</b> |      |                           |
| LYNPARZA                                                               | 3    | PA; MS; S                 |
| RUBRACA ORAL TABLET 250 MG, 300 MG                                     | 3    | PA; QL; MS; S             |
| TALZENNA                                                               | 3    | PA; QL; MS; S             |
| ZEJULA ORAL TABLET                                                     | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - PROGESTINS</b>                                     |      |                           |
| megestrol oral tablet                                                  | 1    |                           |
| <b>ANTINEOPLASTIC - PROTEASOME ENZYME INHIBITORS</b>                   |      |                           |
| NINLARO                                                                | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - PROTEIN-TYROSINE KINASE INHIBITORS</b>             |      |                           |
| AUGTYRO                                                                | 3    | PA; QL; MS; S             |
| AYVAKIT                                                                | 3    | PA; QL; S                 |
| BOSULIF                                                                | 3    | PA; QL; MS; S             |
| BRUKINSA                                                               | 3    | PA; QL; MS; S             |
| CALQUENCE (ACALABRUTINIB MAL)                                          | 3    | PA; QL; S                 |
| CAPRELSA                                                               | 3    | PA; QL; S                 |
| dasatinib                                                              | 1    | PA; QL; MS; S             |
| FOTIVDA                                                                | 3    | PA; QL; S                 |
| FRUZAQLA                                                               | 3    | PA; QL; MS; S             |
| IBTROZI                                                                | 3    | PA; QL; MS; S             |
| imatinib                                                               | 1    | QL; MS; S                 |
| IMBRUVICA ORAL CAPSULE                                                 | 3    | PA; QL; S                 |
| IMBRUVICA ORAL SUSPENSION                                              | 3    | PA; QL; MS; S             |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG                           | 3    | PA; QL; S                 |
| IMKELDI                                                                | 3    | PA; QL; MS; S             |
| INLYTA                                                                 | 3    | PA; QL; MS; S             |
| JAYPIRCA                                                               | 3    | PA; QL; MS; S             |
| LENVIMA                                                                | 3    | PA; QL; MS; S             |
| nilotinib hcl                                                          | 1    | PA; QL; MS; S             |
| OFEV                                                                   | 2    | PA; QL; MS; S             |
| pazopanib                                                              | 1    | PA; QL; MS; S             |
| QINLOCK                                                                | 3    | PA; QL; MS; S             |
| ROMVIMZA                                                               | 3    | PA; QL; MS; S             |
| ROZLYTREK                                                              | 3    | PA; QL; MS; S             |
| RYDAPT                                                                 | 3    | PA; QL; MS; S             |
| SCEMBLIX                                                               | 3    | PA; QL; MS; S             |
| SPRYCEL                                                                | 3    | PA; QL; MS; S             |
| sunitinib malate                                                       | 1    | PA; QL; MS; S             |
| TABRECTA                                                               | 3    | PA; QL; MS; S             |
| TASIGNA                                                                | 3    | PA; QL; MS; S             |
| TEPMETKO                                                               | 3    | PA; QL; S                 |
| TURALIO ORAL CAPSULE 125 MG                                            | 3    | PA; QL; S                 |
| <b>ANTINEOPLASTIC - RETINOIDS</b>                                      |      |                           |
| tretinoin (antineoplastic)                                             | 1    |                           |
| <b>ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR DEGRADERS (SERDS)</b>  |      |                           |
| INLURIYO                                                               | 3    | PA; QL; MS; S             |

| Product Description                                                                                                                                                                   | Tier | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| ORSERDU                                                                                                                                                                               | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>                                                                                                                |      |                           |
| SOLTAMOX                                                                                                                                                                              | 3    | PA; QL; Covered in full*  |
| tamoxifen                                                                                                                                                                             | 1    | Covered in full*          |
| toremifene                                                                                                                                                                            | 1    |                           |
| <b>ANTINEOPLASTIC - SELECTIVE INHIBITORS OF NUCLEAR EXPORT (SINE)</b>                                                                                                                 |      |                           |
| XPOVIO 40 MG ONCE WEEKLY DOSE INNER                                                                                                                                                   | 3    | PA; QL; S                 |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - SELECTIVE RET KINASE INHIBITOR</b>                                                                                                                                |      |                           |
| GAVRETO                                                                                                                                                                               | 3    | PA; QL; S                 |
| RETEVMO ORAL TABLET                                                                                                                                                                   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - SELECTIVE RETINOID X RECEPTOR AGONISTS</b>                                                                                                                        |      |                           |
| bexarotene oral                                                                                                                                                                       | 1    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - SYSTEMIC ENZYME INHIBITORS COMBINATIONS</b>                                                                                                                       |      |                           |
| AVMAPKI-FAKZYNJA                                                                                                                                                                      | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - THALIDOMIDE ANALOGS</b>                                                                                                                                           |      |                           |
| lenalidomide                                                                                                                                                                          | 2    | QL; MS; S                 |
| POMALYST                                                                                                                                                                              | 3    | PA; QL; MS; S             |
| REVLIMID                                                                                                                                                                              | 2    | QL; MS; S                 |
| THALOMID ORAL CAPSULE 100 MG, 50 MG                                                                                                                                                   | 3    | QL; MS; S                 |
| <b>ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS</b>                                                                                                                                    |      |                           |
| HYCAMTIN ORAL                                                                                                                                                                         | 2    | QL; MS; S                 |
| <b>ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE (TRK) INHIBITOR</b>                                                                                                                   |      |                           |
| VITRAKVI                                                                                                                                                                              | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE-1 AND -2 (IDH1 AND IDH2) INHIB</b>                                                                                                         |      |                           |
| VORANIGO                                                                                                                                                                              | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC-PYRIMIDINE ANALOG AND CYTIDINE DEAMINASE INHIBITOR COMB</b>                                                                                                         |      |                           |
| INQOVI                                                                                                                                                                                | 3    | PA; QL; MS; S             |
| <b>METHOTREXATE RESCUE AGENTS</b>                                                                                                                                                     |      |                           |
| leucovorin calcium oral                                                                                                                                                               | 1    | QL                        |
| <b>METHOTREXATE RESCUE AGENTS - FOLIC ACID ANTAGONIST TYPE</b>                                                                                                                        |      |                           |
| leucovorin calcium oral                                                                                                                                                               | 1    | QL                        |
| <b>URINARY TRACT PROTECTIVE AGENTS USED IN CONJUNCTION WITH CHEMOTHERAPY</b>                                                                                                          |      |                           |
| mesna oral                                                                                                                                                                            | 3    |                           |
| MESNEX ORAL                                                                                                                                                                           | 3    |                           |
| <b>ANTISEPTICS AND DISINFECTANTS</b>                                                                                                                                                  |      |                           |
| <b>ANTISEPTIC - ALCOHOLS</b>                                                                                                                                                          |      |                           |
| alcohol 70% swabs                                                                                                                                                                     | 3    |                           |
| ALCOHOL 70% WIPES                                                                                                                                                                     | 3    | PV                        |
| ALCOHOL PADS                                                                                                                                                                          | 3    | PV                        |
| alcohol swabs topical pads, medicated                                                                                                                                                 | 1    | PV                        |
| ALCOHOL WIPES                                                                                                                                                                         | 1    | PV                        |
| CARETOUCH ALCOHOL PREP PAD                                                                                                                                                            | 3    | PV                        |
| CURITY ALCOHOL SWABS                                                                                                                                                                  | 3    | PV                        |
| EASY COMFORT ALCOHOL PAD                                                                                                                                                              | 3    | PV                        |

| Product Description                                     | Tier | Limits/Restrictions/Notes |
|---------------------------------------------------------|------|---------------------------|
| EASY TOUCH ALCOHOL PREP PADS                            | 3    | PV                        |
| GNP ALCOHOL SWAB STERILE, TWO PLY                       | 3    | PV                        |
| gs alcohol 70% swabs                                    | 3    |                           |
| INCONTROL ALCOHOL PADS                                  | 3    | PV                        |
| ISOPROPYL ALCOHOL TOPICAL SPRAY, NON-AEROSOL            | 3    | PV                        |
| PRO COMFORT ALCOHOL PADS                                | 3    | PV                        |
| PURE COMFORT ALCOHOL PADS                               | 3    | PV                        |
| RELION ALCOHOL 70% SWABS                                | 3    | PV                        |
| SURE COMFORT ALCOHOL PREP PADS                          | 3    | PV                        |
| SURE-PREP ALCOHOL PREP PADS                             | 3    | PV                        |
| TRUE COMFORT ALCOHOL PADS                               | 3    | PV                        |
| TRUE COMFORT PRO ALCOHOL PADS                           | 3    | PV                        |
| ULTILET ALCOHOL SWAB                                    | 3    | PV                        |
| WEBCOL                                                  | 3    | PV                        |
| <b>BIOLOGICALS</b>                                      |      |                           |
| <b>ALLERGENIC EXTRACTS - GRASS POLLEN</b>               |      |                           |
| GRASTEK                                                 | 3    | QL                        |
| ORALAIR SUBLINGUAL                                      | 3    | QL; S                     |
| <b>ALLERGENIC EXTRACTS - MITE EXTRACTS</b>              |      |                           |
| ODACTRA                                                 | 3    | QL                        |
| <b>ALLERGENIC EXTRACTS - WEED POLLEN</b>                |      |                           |
| RAGWITEK                                                | 3    | QL                        |
| <b>HEPATITIS A AND HEPATITIS B VACCINE COMBINATIONS</b> |      |                           |
| TWINRIX (PF)                                            | 3    | Covered in full*          |
| <b>HEPATITIS A VACCINE - SINGLE AGENTS</b>              |      |                           |
| HAVRIX (PF)                                             | 3    | Covered in full*          |
| VAQTA (PF)                                              | 3    | Covered in full*          |
| <b>HEPATITIS B VACCINE COMBINATIONS</b>                 |      |                           |
| PEDIARIX (PF)                                           | 3    | Covered in full*          |
| VAXELIS (PF)                                            | 3    | Covered in full*          |
| <b>HEPATITIS B VACCINES - SINGLE AGENTS</b>             |      |                           |
| ENGRIX-B (PF)                                           | 3    | Covered in full*          |
| ENGRIX-B PEDIATRIC (PF)                                 | 3    | Covered in full*          |
| HEPLISAV-B (PF)                                         | 3    | Covered in full*          |
| RECOMBIVAX HB (PF)                                      | 3    | Covered in full*          |
| <b>IMMUNE GLOBULIN - GAMMA GLOBULIN (IGG), HUMAN</b>    |      |                           |
| GAMMAGARD LIQUID                                        | 3    | PA; MS; S                 |
| GAMMAGARD S-D (IGA < 1 MCG/ML)                          | 3    | PA; MS; S                 |
| GAMUNEX-C                                               | 3    | PA; MS; S                 |
| HIZENTRA                                                | 3    | PA; MS; S                 |
| PRIVIGEN                                                | 3    | PA; MS; S                 |
| <b>LIVE VACCINE AND LIVE VIRUS FORMULATIONS</b>         |      |                           |
| FLUMIST 2025-2026                                       | 3    | QL; Covered in full*; PV  |
| FLUMIST HOME 2025-2026                                  | 3    | QL; Covered in full*; PV  |
| JYNNEOS (PF)                                            | 3    | Covered in full*          |
| M-M-R II (PF)                                           | 3    | Covered in full*          |
| PRIORIX (PF)                                            | 3    | Covered in full*          |
| PROQUAD (PF)                                            | 3    | Covered in full*          |
| ROTARIX ORAL SUSPENSION                                 | 3    | Covered in full*          |
| ROTATEQ VACCINE                                         | 3    | Covered in full*          |

| Product Description                                            | Tier | Limits/Restrictions/Notes |
|----------------------------------------------------------------|------|---------------------------|
| VARIVAX (PF)                                                   | 3    | Covered in full*          |
| <b>PEANUT DESENSITIZATION AGENTS</b>                           |      |                           |
| PALFORZIA (LEVEL 0)                                            | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 1)                                            | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 2)                                            | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 3)                                            | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 4)                                            | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 5)                                            | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 6)                                            | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 7)                                            | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 8)                                            | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 9)                                            | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 10)                                           | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 11 UP-DOSE)                                   | 3    | PA; QL; S                 |
| PALFORZIA INITIAL (1-3 YRS)                                    | 3    | PA; QL; S                 |
| PALFORZIA INITIAL (4-17 YRS)                                   | 3    | PA; QL; S                 |
| PALFORZIA LEVEL 11 MAINTENANCE                                 | 3    | PA; QL; S                 |
| <b>TOXOID VACCINE COMBINATIONS</b>                             |      |                           |
| ADACEL(TDAP ADOLESN/ADULT)(PF)                                 | 3    | Covered in full*          |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE                            | 3    | Covered in full*          |
| DAPTACEL (DTAP PEDIATRIC) (PF)                                 | 3    | Covered in full*          |
| INFANRIX (DTAP) (PF)                                           | 3    | Covered in full*          |
| KINRIX (PF)                                                    | 3    | Covered in full*          |
| PEDIARIX (PF)                                                  | 3    | Covered in full*          |
| PENTACEL (PF)                                                  | 3    | Covered in full*          |
| QUADRACEL (PF)                                                 | 3    | Covered in full*          |
| TENIVAC (PF)                                                   | 3    | Covered in full*          |
| VAXELIS (PF)                                                   | 3    | Covered in full*          |
| <b>VACCINE BACTERIAL - GRAM NEGATIVE BACILLI (NON-ENTERIC)</b> |      |                           |
| ACTHIB (PF)                                                    | 3    | Covered in full*          |
| PEDVAX HIB (PF)                                                | 3    | Covered in full*          |
| <b>VACCINE BACTERIAL - GRAM NEGATIVE COCCI</b>                 |      |                           |
| MENQUADFI (PF)                                                 | 3    | Covered in full*          |
| MENVEO A-C-Y-W-135-DIP (PF)                                    | 3    | Covered in full*          |
| PENBRAYA (PF)                                                  | 3    | Covered in full*          |
| PENMENVY MEN A-B-C-W-Y (PF)                                    | 3    | Covered in full*          |
| <b>VACCINE BACTERIAL - GRAM POSITIVE COCCI</b>                 |      |                           |
| PNEUMOVAX-23 INJECTION SYRINGE                                 | 3    | Covered in full*          |
| PREVNAR 20 (PF)                                                | 3    | Covered in full*          |
| VAXNEUVANCE (PF)                                               | 3    | Covered in full*          |
| <b>VACCINE BACTERIAL - MENINGOCOCCAL GROUP B VACCINES</b>      |      |                           |
| BEXSERO                                                        | 3    | Covered in full*          |
| PENMENVY MEN A-B-C-W-Y (PF)                                    | 3    | Covered in full*          |
| TRUMENBA                                                       | 3    | Covered in full*          |
| <b>VACCINE MIXED COMBINATIONS (BACTERIAL AND VIRAL)</b>        |      |                           |
| VAXELIS (PF)                                                   | 3    | Covered in full*          |
| <b>VACCINE VIRAL - COVID-19 (SARS-COV-2)</b>                   |      |                           |
| COMIRNATY 2025-2026(5-11Y)(PF)                                 | 3    | Covered in full*          |
| COMIRNATY 2025-26 (12Y UP)(PF)                                 | 3    | Covered in full*          |
| MNEXSPIKE 2025-2026 (PF)                                       | 3    | Covered in full*          |

| Product Description                                        | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------|------|---------------------------|
| NUVAXOVID 2025-2026 (PF)                                   | 3    | Covered in full*; PV      |
| SPIKEVAX 2025-2026(12Y UP)(PF)                             | 3    | Covered in full*          |
| SPIKEVAX 2025-26 (6M-11Y) (PF)                             | 3    | Covered in full*          |
| <b>VACCINE VIRAL - HUMAN PAPILLOMAVIRUS (HPV) VACCINES</b> |      |                           |
| GARDASIL 9 (PF)                                            | 3    | Covered in full*          |
| <b>VACCINE VIRAL - INFLUENZA A AND B</b>                   |      |                           |
| AFLURIA 2025-2026 (3YR UP)(PF)                             | 3    | QL; Covered in full*; PV  |
| AFLURIA 2025-2026 (6MO UP)                                 | 3    | QL; Covered in full*; PV  |
| FLUAD 2025-2026 (65 YR UP)(PF)                             | 3    | QL; Covered in full*; PV  |
| FLUARIX 2025-2026 (PF)                                     | 3    | QL; Covered in full*; PV  |
| FLUBLOK 2025-2026 (PF)                                     | 3    | QL; Covered in full*; PV  |
| FLUCELVAX 2025-2026                                        | 3    | QL; Covered in full*; PV  |
| FLUCELVAX 2025-2026 (PF)                                   | 3    | QL; Covered in full*; PV  |
| FLULAVAL 2025-2026 (PF)                                    | 3    | QL; Covered in full*; PV  |
| FLUMIST 2025-2026                                          | 3    | QL; Covered in full*; PV  |
| FLUMIST HOME 2025-2026                                     | 3    | QL; Covered in full*; PV  |
| FLUZONE 2025-2026                                          | 3    | QL; Covered in full*; PV  |
| FLUZONE 2025-2026 (PF)                                     | 3    | QL; Covered in full*; PV  |
| FLUZONE HIGH-DOSE 2025-26 (PF)                             | 3    | QL; Covered in full*; PV  |
| <b>VACCINE VIRAL - MEASLES</b>                             |      |                           |
| M-M-R II (PF)                                              | 3    | Covered in full*          |
| PRIORIX (PF)                                               | 3    | Covered in full*          |
| PROQUAD (PF)                                               | 3    | Covered in full*          |
| <b>VACCINE VIRAL - MPOX</b>                                |      |                           |
| JYNNEOS (PF)                                               | 3    | Covered in full*          |
| <b>VACCINE VIRAL - MUMPS AND RELATED</b>                   |      |                           |
| M-M-R II (PF)                                              | 3    | Covered in full*          |
| PRIORIX (PF)                                               | 3    | Covered in full*          |
| PROQUAD (PF)                                               | 3    | Covered in full*          |
| <b>VACCINE VIRAL - POLIOMYELITIS</b>                       |      |                           |
| IPOLE                                                      | 3    | Covered in full*          |
| <b>VACCINE VIRAL - RESPIRATORY SYNCYTIAL VIRUS (RSV)</b>   |      |                           |
| ABRYVO (PF)                                                | 3    | QL; Covered in full*      |
| AREXVY (PF)                                                | 3    | QL; Covered in full*      |
| MRESVIA (PF)                                               | 3    | QL; Covered in full*      |
| <b>VACCINE VIRAL - ROTAVIRUS</b>                           |      |                           |
| ROTARIX ORAL SUSPENSION                                    | 3    | Covered in full*          |
| ROTATEQ VACCINE                                            | 3    | Covered in full*          |
| <b>VACCINE VIRAL - RUBELLA</b>                             |      |                           |
| M-M-R II (PF)                                              | 3    | Covered in full*          |
| PRIORIX (PF)                                               | 3    | Covered in full*          |
| PROQUAD (PF)                                               | 3    | Covered in full*          |
| <b>VACCINE VIRAL - SMALLPOX</b>                            |      |                           |
| JYNNEOS (PF)                                               | 3    | Covered in full*          |
| <b>VACCINE VIRAL - VARICELLA</b>                           |      |                           |
| PROQUAD (PF)                                               | 3    | Covered in full*          |
| SHINGRIX (PF)                                              | 3    | Covered in full*          |
| VARIVAX (PF)                                               | 3    | Covered in full*          |
| <b>VACCINE VIRAL COMBINATIONS</b>                          |      |                           |
| M-M-R II (PF)                                              | 3    | Covered in full*          |

| Product Description                                                           | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|------|---------------------------|
| PRIORIX (PF)                                                                  | 3    | Covered in full*          |
| PROQUAD (PF)                                                                  | 3    | Covered in full*          |
| <b>CARDIOVASCULAR THERAPY AGENTS</b>                                          |      |                           |
| <b>ACE INHIBITOR AND CALCIUM CHANNEL BLOCKER COMBINATIONS</b>                 |      |                           |
| amlodipine-benazepril                                                         | 1    | PV                        |
| trandolapril-verapamil                                                        | 3    | QL; PV                    |
| <b>ACE INHIBITOR AND DIURETIC COMBINATIONS</b>                                |      |                           |
| benazepril-hydrochlorothiazide                                                | 1    | PV                        |
| captopril-hydrochlorothiazide                                                 | 1    | PV                        |
| enalapril-hydrochlorothiazide                                                 | 1    | PV                        |
| fosinopril-hydrochlorothiazide                                                | 1    | PV                        |
| lisinopril-hydrochlorothiazide                                                | 1    | PV                        |
| quinapril-hydrochlorothiazide                                                 | 1    | PV                        |
| <b>ACE INHIBITORS</b>                                                         |      |                           |
| benazepril                                                                    | 1    | PV                        |
| captopril                                                                     | 1    | PV                        |
| enalapril maleate oral solution                                               | 3    | PA; QL; PV                |
| enalapril maleate oral tablet                                                 | 1    | PV                        |
| fosinopril                                                                    | 1    | PV                        |
| lisinopril                                                                    | 1    | PV                        |
| moexipril                                                                     | 1    | PV                        |
| perindopril erbumine                                                          | 1    | PV                        |
| quinapril                                                                     | 1    | PV                        |
| ramipril                                                                      | 1    | PV                        |
| trandolapril                                                                  | 3    | PV                        |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>                                       |      |                           |
| eplerenone                                                                    | 1    | PV                        |
| KERENDIA                                                                      | 2    | PA; QL; PV                |
| spironolactone oral tablet                                                    | 1    | PV                        |
| <b>ALPHA-BETA BLOCKERS</b>                                                    |      |                           |
| carvedilol                                                                    | 1    | PV                        |
| carvedilol phosphate                                                          | 3    | QL; PV                    |
| labetalol oral tablet 100 mg, 200 mg, 300 mg                                  | 1    | PV                        |
| <b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER COMB.</b>    |      |                           |
| amlodipine-olmesartan                                                         | 3    | QL; PV                    |
| amlodipine-valsartan                                                          | 3    | QL; PV                    |
| <b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER-DIURETIC</b> |      |                           |
| amlodipine-valsartan-hcthiiazid                                               | 3    | QL; PV                    |
| olmesartan-amlodipin-hcthiiazid                                               | 3    | QL; PV                    |
| <b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-DIURETIC COMBINATIONS</b>            |      |                           |
| candesartan-hydrochlorothiazid                                                | 1    | PV                        |
| irbesartan-hydrochlorothiazide                                                | 1    | PV                        |
| losartan-hydrochlorothiazide                                                  | 1    | PV                        |
| olmesartan-hydrochlorothiazide                                                | 1    | PV                        |
| telmisartan-hydrochlorothiazid                                                | 3    | PV                        |
| valsartan-hydrochlorothiazide                                                 | 1    | PV                        |

| Product Description                                                      | Tier | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------|------|---------------------------|
| <b>ANGIOTENSIN II RECEPTOR BLOCKER-NEPRILYSIN INHIBITOR COMB. (ARNI)</b> |      |                           |
| sacubitril-valsartan                                                     | 1    | QL; PV                    |
| <b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)</b>                           |      |                           |
| candesartan                                                              | 1    | PV                        |
| eprosartan                                                               | 1    | PV                        |
| irbesartan                                                               | 1    | PV                        |
| losartan                                                                 | 1    | PV                        |
| olmesartan                                                               | 1    | PV                        |
| telmisartan                                                              | 1    | PV                        |
| valsartan oral tablet                                                    | 1    | PV                        |
| <b>ANTIANGINAL - CORONARY VASODILATORS (NITRATES)</b>                    |      |                           |
| isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg               | 1    |                           |
| isosorbide mononitrate                                                   | 1    |                           |
| nitroglycerin sublingual                                                 | 1    |                           |
| nitroglycerin transdermal patch 24 hour                                  | 1    |                           |
| nitroglycerin translingual                                               | 1    | QL                        |
| nitro-time                                                               | 1    |                           |
| <b>ANTIANGINAL AND ANTI-ISCHEMIC AGENTS</b>                              |      |                           |
| VERQUVO                                                                  | 3    | PA; QL                    |
| <b>ANTIANGINAL AND ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC</b>             |      |                           |
| ranolazine                                                               | 1    | QL                        |
| <b>ANTIARRHYTHMIC - CLASS IA</b>                                         |      |                           |
| disopyramide phosphate oral capsule                                      | 1    | PV                        |
| quinidine gluconate oral                                                 | 1    | PV                        |
| quinidine sulfate oral tablet                                            | 1    | PV                        |
| <b>ANTIARRHYTHMIC - CLASS IB</b>                                         |      |                           |
| mexiletine                                                               | 1    | PV                        |
| <b>ANTIARRHYTHMIC - CLASS IC</b>                                         |      |                           |
| flecainide                                                               | 1    | PV                        |
| propafenone oral capsule,extended release 12 hr                          | 3    | PV                        |
| propafenone oral tablet                                                  | 1    | PV                        |
| <b>ANTIARRHYTHMIC - CLASS II</b>                                         |      |                           |
| sotalol af                                                               | 1    | PV                        |
| sotalol oral                                                             | 1    | PV                        |
| SOTYLIZE                                                                 | 3    | PA; PV                    |
| <b>ANTIARRHYTHMIC - CLASS III</b>                                        |      |                           |
| amiodarone oral tablet 100 mg, 400 mg                                    | 3    | PV                        |
| amiodarone oral tablet 200 mg                                            | 1    | PV                        |
| dofetilide                                                               | 1    | PV                        |
| MULTAQ                                                                   | 2    | QL; PV                    |
| PACERONE ORAL TABLET 100 MG                                              | 3    | PV                        |
| pacerone oral tablet 200 mg                                              | 1    | PV                        |
| <b>ANTIARRHYTHMIC - CLASS IV</b>                                         |      |                           |
| verapamil oral tablet                                                    | 1    | PV                        |
| <b>ANTIHYPERLIPIDEMIC - APOLIPOPROTEIN C-III SYNTHESIS INHIBITORS</b>    |      |                           |
| TRYNGOLZA                                                                | 3    | PA; QL; S                 |
| <b>ANTIHYPERLIPIDEMIC - APOLIPOPROTEIN INHIBITORS</b>                    |      |                           |
| TRYNGOLZA                                                                | 3    | PA; QL; S                 |

| Product Description                                                           | Tier | Limits/Restrictions/Notes          |
|-------------------------------------------------------------------------------|------|------------------------------------|
| <b>ANTIHYPERLIPIDEMIC - ATP-CITRATE LYASE (ACLY) INHIBITOR</b>                |      |                                    |
| NEXLETOL                                                                      | 3    | ST; QL; PV                         |
| <b>ANTIHYPERLIPIDEMIC - BILE ACID SEQUESTRANTS</b>                            |      |                                    |
| cholestyramine (with sugar)                                                   | 1    | PV                                 |
| cholestyramine light                                                          | 1    | PV                                 |
| colesevelam                                                                   | 1    | PV                                 |
| colestipol                                                                    | 1    | PV                                 |
| prevalite                                                                     | 1    | PV                                 |
| <b>ANTIHYPERLIPIDEMIC - FIBRIC ACID DERIVATIVES</b>                           |      |                                    |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg              | 1    | PV                                 |
| fenofibrate nanocrystallized oral tablet 145 mg                               | 1    | QL; PV                             |
| fenofibrate nanocrystallized oral tablet 48 mg                                | 3    | QL; PV                             |
| fenofibrate oral tablet 160 mg                                                | 1    | QL; PV                             |
| fenofibrate oral tablet 54 mg                                                 | 1    | PV                                 |
| fenofibric acid (choline)                                                     | 1    | QL; PV                             |
| gemfibrozil                                                                   | 1    | PV                                 |
| <b>ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS (STATINS)</b>            |      |                                    |
| atorvastatin oral tablet 10 mg, 20 mg                                         | 1    | Covered in full age 40-75*; PV     |
| atorvastatin oral tablet 40 mg, 80 mg                                         | 1    | PV                                 |
| lovastatin oral tablet 10 mg, 20 mg                                           | 1    | Covered in full age 40-75*; PV     |
| lovastatin oral tablet 40 mg                                                  | 1    | QL; Covered in full age 40-75*; PV |
| pravastatin                                                                   | 1    | Covered in full age 40-75*; PV     |
| rosuvastatin oral tablet 10 mg, 5 mg                                          | 1    | QL; Covered in full age 40-75*; PV |
| rosuvastatin oral tablet 20 mg, 40 mg                                         | 1    | QL; PV                             |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg                             | 1    | QL; Covered in full age 40-75*; PV |
| simvastatin oral tablet 80 mg                                                 | 1    | QL; PV                             |
| <b>ANTIHYPERLIPIDEMIC - NICOTINIC ACID DERIVATIVES</b>                        |      |                                    |
| niacin oral tablet extended release 24 hr                                     | 3    | QL                                 |
| <b>ANTIHYPERLIPIDEMIC - OMEGA-3 FATTY ACID TYPE</b>                           |      |                                    |
| icosapent ethyl                                                               | 2    | QL; PV                             |
| omega-3 acid ethyl esters                                                     | 2    | QL; PV                             |
| <b>ANTIHYPERLIPIDEMIC - PCSK9 INHIBITOR, MONOCLONAL ANTIBODY (MAB)</b>        |      |                                    |
| REPATHA PUSHTRONEX                                                            | 2    | QL; PV                             |
| REPATHA SURECLICK                                                             | 2    | QL; PV                             |
| REPATHA SYRINGE                                                               | 2    | QL; PV                             |
| <b>ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS</b>                                  |      |                                    |
| REPATHA PUSHTRONEX                                                            | 2    | QL; PV                             |
| REPATHA SURECLICK                                                             | 2    | QL; PV                             |
| REPATHA SYRINGE                                                               | 2    | QL; PV                             |
| <b>ANTIHYPERLIPIDEMIC - SELECTIVE CHOLESTEROL ABSORPTION INHIBITOR</b>        |      |                                    |
| ezetimibe                                                                     | 1    | PV                                 |
| <b>ANTIHYPERLIPIDEMIC- ATP-CITRATE LYASE AND CHOLESTEROL ABSORPTION INHIB</b> |      |                                    |
| NEXLIZET                                                                      | 3    | ST; QL                             |
| <b>ANTIHYPERLIPIDEMIC-HMG COA REDUCT INHIB AND CHOLESTEROL ABSORP INHIBIT</b> |      |                                    |
| EZETIMIBE-ROSUVASTATIN                                                        | 2    | PV                                 |
| ezetimibe-simvastatin                                                         | 3    | PV                                 |
| ROSZET                                                                        | 2    | PV                                 |

| Product Description                                                             | Tier | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------|------|---------------------------|
| <b>ANTIHYPERLIPIDEMIC-MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP)INHIB</b>   |      |                           |
| JUXTAPID                                                                        | 3    | PA; QL; MS; S; PV         |
| <b>BETA BLOCKERS CARDIAC SELECTIVE</b>                                          |      |                           |
| atenolol                                                                        | 1    | PV                        |
| betaxolol oral                                                                  | 1    | PV                        |
| bisoprolol fumarate oral tablet 10 mg, 5 mg                                     | 1    | PV                        |
| KAPSPARGO SPRINKLE                                                              | 3    | PV                        |
| metoprolol succinate                                                            | 1    | PV                        |
| metoprolol tartrate oral                                                        | 1    | PV                        |
| nebivolol                                                                       | 1    | QL; PV                    |
| <b>BETA BLOCKERS CARDIAC SELECTIVE, INTRINSIC SYMPATHOMIMETIC ACTIVITY</b>      |      |                           |
| acebutolol                                                                      | 1    | PV                        |
| <b>BETA BLOCKERS NON-CARDIAC SELECT., INTRINSIC SYMPATHOMIMETIC ACTIVITY</b>    |      |                           |
| pindolol                                                                        | 1    | PV                        |
| <b>BETA BLOCKERS NON-CARDIAC SELECTIVE</b>                                      |      |                           |
| nadolol                                                                         | 1    | PV                        |
| propranolol oral                                                                | 1    | PV                        |
| sotalol af                                                                      | 1    | PV                        |
| sotalol oral                                                                    | 1    | PV                        |
| SOTYLIZE                                                                        | 3    | PA; PV                    |
| timolol maleate oral                                                            | 1    | PV                        |
| <b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>                                       |      |                           |
| icatibant                                                                       | 1    | PA; QL; S                 |
| SAJAZIR                                                                         | 3    | PA; QL; MS; S             |
| <b>CALCIUM CHANNEL BLOCKERS - BENZOTHAZEPINES</b>                               |      |                           |
| cartia xt                                                                       | 1    | PV                        |
| diltiazem hcl oral capsule,ext.rel 24h degradable                               | 1    | PV                        |
| diltiazem hcl oral capsule,extended release 12 hr                               | 1    | PV                        |
| diltiazem hcl oral capsule,extended release 24 hr                               | 1    | PV                        |
| diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg | 1    | PV                        |
| diltiazem hcl oral tablet                                                       | 1    | PV                        |
| diltiazem hcl oral tablet extended release 24 hr                                | 1    | PV                        |
| dilt-xr                                                                         | 1    | PV                        |
| tiadylt er                                                                      | 1    | PV                        |
| <b>CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES</b>                              |      |                           |
| amlodipine                                                                      | 1    | PV                        |
| felodipine                                                                      | 1    | PV                        |
| isradipine                                                                      | 3    | PV                        |
| nifedipine                                                                      | 1    | PV                        |
| <b>CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES - CEREBROVASCULAR SPECIFIC</b>   |      |                           |
| nimodipine oral capsule                                                         | 1    | PV                        |
| nimodipine oral solution                                                        | 3    | QL                        |
| <b>CALCIUM CHANNEL BLOCKERS - PHENYLALKYLAMINES</b>                             |      |                           |
| verapamil oral capsule, 24 hr er pellet ct                                      | 1    | PV                        |
| verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg            | 1    | PV                        |
| verapamil oral capsule,ext rel. pellets 24 hr 360 mg                            | 3    | PV                        |

| Product Description                                                       | Tier | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------|------|---------------------------|
| verapamil oral tablet                                                     | 1    | PV                        |
| verapamil oral tablet extended release                                    | 1    | PV                        |
| <b>CARDIAC MYOSIN INHIBITOR</b>                                           |      |                           |
| CAMZYOS                                                                   | 3    | PA; QL; MS; S             |
| <b>CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB.</b> |      |                           |
| atenolol-chlorthalidone                                                   | 1    | PV                        |
| bisoprolol-hydrochlorothiazide                                            | 1    | PV                        |
| metoprolol ta-hydrochlorothiaz                                            | 1    | PV                        |
| <b>CARDIOVASCULAR SYMPATHOMIMETIC - ANAPHYLAXIS THERAPY SINGLE AGENTS</b> |      |                           |
| AUVI-Q                                                                    | 3    | QL                        |
| epinephrine injection auto-injector                                       | 1    | QL                        |
| epinephrine injection solution                                            | 1    |                           |
| NEFFY                                                                     | 3    | QL                        |
| <b>CARDIOVASCULAR SYMPATHOMIMETICS</b>                                    |      |                           |
| droxidopa oral capsule 100 mg                                             | 3    | PA; QL; MS; S             |
| droxidopa oral capsule 200 mg, 300 mg                                     | 3    | PA; MS; S                 |
| epinephrine injection solution                                            | 1    |                           |
| midodrine                                                                 | 1    |                           |
| <b>CENTRAL ALPHA-2 AGONISTS-THIAZIDE DIURETIC AND RELATED COMB.</b>       |      |                           |
| methyldopa-hydrochlorothiazide                                            | 1    | PV                        |
| <b>CENTRAL ALPHA-2 RECEPTOR AGONISTS</b>                                  |      |                           |
| clonidine                                                                 | 1    | QL; PV                    |
| clonidine hcl oral tablet                                                 | 1    | PV                        |
| guanfacine oral tablet                                                    | 1    | PV                        |
| methyldopa                                                                | 1    | PV                        |
| <b>DIGITALIS GLYCOSIDES</b>                                               |      |                           |
| digoxin oral solution                                                     | 1    |                           |
| digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)                 | 1    |                           |
| <b>DIRECT ACTING VASODILATORS</b>                                         |      |                           |
| hydralazine oral                                                          | 1    | PV                        |
| minoxidil oral                                                            | 1    | PV                        |
| <b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, NON-SELECTIVE</b>          |      |                           |
| spironolactone oral tablet                                                | 1    | PV                        |
| <b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, SELECTIVE</b>              |      |                           |
| eplerenone                                                                | 1    | PV                        |
| <b>DIURETIC - CARBONIC ANHYDRASE INHIBITORS</b>                           |      |                           |
| acetazolamide                                                             | 1    | PV                        |
| dichlorphenamide                                                          | 3    | PA; MS; S                 |
| methazolamide                                                             | 1    | PV                        |
| <b>DIURETIC - LOOP</b>                                                    |      |                           |
| bumetanide oral                                                           | 1    | PV                        |
| ethacrynic acid                                                           | 1    | PV                        |
| furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)                   | 1    | PV                        |
| furosemide oral tablet                                                    | 1    | PV                        |
| torseamide oral                                                           | 1    | PV                        |
| <b>DIURETIC - POTASSIUM SPARING</b>                                       |      |                           |
| amiloride                                                                 | 1    | PV                        |

| Product Description                                                           | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|------|---------------------------|
| <b>DIURETIC - POTASSIUM SPARING-THIAZIDE AND RELATED COMBINATIONS</b>         |      |                           |
| amiloride-hydrochlorothiazide                                                 | 1    | PV                        |
| spironolacton-hydrochlorothiaz                                                | 1    | PV                        |
| triamterene-hydrochlorothiazid                                                | 1    | PV                        |
| <b>DIURETIC - SELECTIVE ARGININE VASOPRESSIN V2 RECEPTOR ANTAGONISTS</b>      |      |                           |
| tolvaptan                                                                     | 1    | QL; MS; S                 |
| <b>DIURETIC - THIAZIDES AND RELATED</b>                                       |      |                           |
| chlorthalidone oral tablet 25 mg, 50 mg                                       | 1    | PV                        |
| hydrochlorothiazide                                                           | 1    | PV                        |
| indapamide                                                                    | 1    | PV                        |
| metolazone                                                                    | 1    | PV                        |
| <b>ENDOTHELIN RECEPTOR ANTAGONISTS</b>                                        |      |                           |
| VANRAFIA                                                                      | 3    | PA; QL; S                 |
| <b>ENDOTHELIN-ANGIOTENSIN RECEPTOR ANTAGONIST</b>                             |      |                           |
| FILSPARI                                                                      | 3    | PA; QL; S                 |
| <b>FACTOR XII INHIBITORS</b>                                                  |      |                           |
| ANDEMBRY AUTOINJECTOR                                                         | 3    | PA; QL; MS; S             |
| <b>HYPERPOLARIZATION-ACTIVATED CYCLIC NUCLEOTIDE-GATED CHANNEL INHIBITORS</b> |      |                           |
| CORLANOR ORAL SOLUTION                                                        | 3    | QL; S                     |
| ivabradine                                                                    | 1    | QL                        |
| <b>NON-CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB.</b> |      |                           |
| propranolol-hydrochlorothiazid                                                | 1    | PV                        |
| <b>PAH AGENTS - SELECTIVE PROSTACYCLIN RECEPTOR (IP) AGONISTS</b>             |      |                           |
| UPTRAVI ORAL                                                                  | 3    | PA; QL; MS; S             |
| <b>PAH-ENDOTHELIN RECEPTOR ANTAGONIST-SELECTIVE CGMP PDE5 INHIBITOR COMB</b>  |      |                           |
| OPSYNVI                                                                       | 3    | PA; QL; MS; S             |
| <b>PERIPHERAL ALPHA-1 RECEPTOR BLOCKERS</b>                                   |      |                           |
| doxazosin                                                                     | 1    | PV                        |
| phenoxybenzamine                                                              | 1    | PV                        |
| prazosin                                                                      | 1    | PV                        |
| terazosin                                                                     | 1    | PV                        |
| <b>PLASMA KALLIKREIN INHIBITOR AGENTS, RECOMBINANT MONOCLONAL ANTIBODY</b>    |      |                           |
| TAKHZYRO                                                                      | 2    | PA; QL; MS; S             |
| <b>PLASMA KALLIKREIN INHIBITOR AGENTS, SMALL MOLECULE</b>                     |      |                           |
| EKTERLY                                                                       | 3    | PA; QL; MS; S             |
| ORLADEYO                                                                      | 3    | PA; QL; S                 |
| <b>PULMONARY ANTIHYPERTENSIVE AGENT - ACTIVIN RECEPTOR IIA-FC (ACTRIIA)</b>   |      |                           |
| WINREVAIR                                                                     | 3    | PA; QL; MS; S             |
| <b>PULMONARY ANTIHYPERTENSIVE AGENTS - PROSTACYCLIN-TYPE</b>                  |      |                           |
| ORENITRAM                                                                     | 3    | PA; MS; S                 |
| ORENITRAM MONTH 1 TITRATION KT                                                | 3    | PA; MS; S                 |
| ORENITRAM MONTH 2 TITRATION KT                                                | 3    | PA; MS; S                 |
| ORENITRAM MONTH 3 TITRATION KT                                                | 3    | PA; MS; S                 |
| TYVASO                                                                        | 3    | PA; QL; MS; S             |

| Product Description                                                                                              | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG | 3    | PA; QL; MS; S             |
| TYVASO INSTITUTIONAL START KIT                                                                                   | 3    | PA; QL; MS; S             |
| TYVASO REFILL KIT                                                                                                | 3    | PA; QL; MS; S             |
| TYVASO STARTER KIT                                                                                               | 3    | PA; QL; MS; S             |
| <b>PULMONARY ANTIHYPERTENSIVE AGENTS-SOLUBLE GUANYLATE CYCLASE STIMULATOR</b>                                    |      |                           |
| ADEMPAS                                                                                                          | 3    | PA; QL; MS; S             |
| <b>PULMONARY ARTERIAL HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>                                         |      |                           |
| ambrisentan                                                                                                      | 1    | PA; QL; MS; S             |
| bosentan                                                                                                         | 1    | PA; QL; MS; S             |
| <b>PULMONARY ARTERIAL HYPERTENSION - SELECTIVE CGMP-PDE5 INHIBITORS</b>                                          |      |                           |
| alyq                                                                                                             | 1    | PA; QL; S                 |
| sildenafil (pulm.hypertension) oral                                                                              | 1    | PA; QL; MS; S             |
| tadalafil (pulm. hypertension)                                                                                   | 1    | PA; QL; MS; S             |
| <b>RENIN INHIBITOR, DIRECT</b>                                                                                   |      |                           |
| aliskiren                                                                                                        | 1    | QL; PV                    |
| <b>VASODILATOR COMBINATIONS</b>                                                                                  |      |                           |
| isosorbide-hydralazine                                                                                           | 1    | QL                        |
| <b>CENTRAL NERVOUS SYSTEM AGENTS</b>                                                                             |      |                           |
| <b>AGENTS TO TREAT EPISODIC CLUSTER HEADACHES</b>                                                                |      |                           |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)                                                | 2    | PA; QL                    |
| <b>ANTIAXIETY AGENT - ANTIHISTAMINE TYPE</b>                                                                     |      |                           |
| hydroxyzine hcl oral solution 10 mg/5 ml                                                                         | 1    |                           |
| hydroxyzine hcl oral tablet                                                                                      | 1    |                           |
| hydroxyzine pamoate                                                                                              | 1    |                           |
| <b>ANTIAXIETY AGENT - BENZODIAZEPINES</b>                                                                        |      |                           |
| alprazolam intensol                                                                                              | 1    |                           |
| alprazolam oral tablet                                                                                           | 1    |                           |
| alprazolam oral tablet extended release 24 hr                                                                    | 3    |                           |
| chlordiazepoxide hcl                                                                                             | 1    |                           |
| clonazepam oral tablet                                                                                           | 1    |                           |
| clonazepam oral tablet,disintegrating                                                                            | 3    |                           |
| clorazepate dipotassium                                                                                          | 3    |                           |
| diazepam intensol                                                                                                | 1    |                           |
| diazepam oral                                                                                                    | 1    |                           |
| lorazepam intensol                                                                                               | 1    |                           |
| lorazepam oral                                                                                                   | 1    |                           |
| LOREEV XR                                                                                                        | 3    | PA; QL                    |
| oxazepam                                                                                                         | 3    |                           |
| <b>ANTIAXIETY AGENT - NON-BENZODIAZEPINE</b>                                                                     |      |                           |
| buspirone                                                                                                        | 1    |                           |
| <b>ANTICONVULSANT - BARBITURATES AND DERIVATIVES</b>                                                             |      |                           |
| phenobarbital                                                                                                    | 1    |                           |
| PRIMIDONE ORAL TABLET 125 MG                                                                                     | 3    |                           |
| primidone oral tablet 250 mg, 50 mg                                                                              | 1    |                           |
| <b>ANTICONVULSANT - BENZODIAZEPINES</b>                                                                          |      |                           |
| clobazam oral suspension                                                                                         | 1    |                           |

| Product Description                                                          | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------|------|---------------------------|
| clobazam oral tablet                                                         | 1    | QL                        |
| clonazepam oral tablet                                                       | 1    |                           |
| clonazepam oral tablet,disintegrating                                        | 3    |                           |
| diazepam rectal                                                              | 1    | QL                        |
| NAYZILAM                                                                     | 3    | QL                        |
| VALTOCO                                                                      | 3    | QL                        |
| <b>ANTICONVULSANT - CANNABINOID TYPE</b>                                     |      |                           |
| EPIDIOLEX                                                                    | 3    | PA; QL; MS; S             |
| <b>ANTICONVULSANT - CARBAMATES</b>                                           |      |                           |
| felbamate                                                                    | 1    |                           |
| <b>ANTICONVULSANT - CARBOXYLIC ACID DERIVATIVES</b>                          |      |                           |
| divalproex                                                                   | 1    |                           |
| valproic acid                                                                | 1    |                           |
| valproic acid (as sodium salt)                                               | 1    |                           |
| <b>ANTICONVULSANT - FUNCTIONALIZED AMINO ACID</b>                            |      |                           |
| lacosamide oral                                                              | 1    | QL                        |
| MOTPOLY XR                                                                   | 3    | PA; QL                    |
| <b>ANTICONVULSANT - GABA ANALOGS</b>                                         |      |                           |
| gabapentin oral capsule                                                      | 1    |                           |
| gabapentin oral solution                                                     | 1    |                           |
| gabapentin oral tablet 600 mg, 800 mg                                        | 1    |                           |
| pregabalin oral capsule                                                      | 1    |                           |
| pregabalin oral solution                                                     | 1    | QL                        |
| <b>ANTICONVULSANT - GABA RE-UPTAKE INHIBITOR, NIPECOTIC ACID DERIVATIVES</b> |      |                           |
| tiagabine                                                                    | 1    |                           |
| <b>ANTICONVULSANT - GABA TRANSAMINASE (GABA-T) INHIBITOR</b>                 |      |                           |
| vigabatrin oral powder in packet                                             | 2    | PA; QL; MS; S             |
| vigabatrin oral tablet                                                       | 3    | PA; QL; MS; S             |
| VIGADRON ORAL POWDER IN PACKET                                               | 2    | PA; QL; S                 |
| VIGADRON ORAL TABLET                                                         | 3    | PA; QL; S                 |
| VIGAFYDE                                                                     | 3    | PA; QL; MS; S             |
| <b>ANTICONVULSANT - HYDANTOINS</b>                                           |      |                           |
| DILANTIN                                                                     | 2    |                           |
| DILANTIN EXTENDED                                                            | 2    |                           |
| DILANTIN INFATABS                                                            | 2    |                           |
| DILANTIN-125                                                                 | 2    |                           |
| PHENYTEK                                                                     | 2    |                           |
| phenytoin oral suspension 125 mg/5 ml                                        | 1    |                           |
| phenytoin oral tablet,chewable                                               | 1    |                           |
| phenytoin sodium extended                                                    | 1    |                           |
| <b>ANTICONVULSANT - IMINOSTILBENE DERIVATIVES</b>                            |      |                           |
| carbamazepine oral capsule, er multiphase 12 hr                              | 1    | PV                        |
| carbamazepine oral suspension                                                | 1    | PV                        |
| carbamazepine oral tablet                                                    | 1    | PV                        |
| carbamazepine oral tablet extended release 12 hr                             | 1    | PV                        |
| carbamazepine oral tablet,chewable 100 mg                                    | 1    | PV                        |
| eslicarbazepine                                                              | 3    | QL                        |
| oxcarbazepine oral suspension                                                | 1    |                           |
| oxcarbazepine oral tablet                                                    | 1    |                           |

| Product Description                                                                 | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------------|------|---------------------------|
| <b>ANTICONVULSANT - MONOSACCHARIDE DERIVATIVES</b>                                  |      |                           |
| EPRONTIA                                                                            | 3    | QL                        |
| topiramate oral capsule, sprinkle 15 mg, 25 mg                                      | 2    |                           |
| topiramate oral capsule, sprinkle, er 24hr                                          | 2    | QL                        |
| topiramate oral tablet                                                              | 1    |                           |
| <b>ANTICONVULSANT - NEUROACTIVE STEROID GABA-A RECEPTOR MODULATOR</b>               |      |                           |
| ZTALMY                                                                              | 3    | PA; QL; S                 |
| <b>ANTICONVULSANT - PHENYLTRIAZINE DERIVATIVES</b>                                  |      |                           |
| lamotrigine oral tablet                                                             | 1    |                           |
| lamotrigine oral tablet disintegrating, dose pk                                     | 1    |                           |
| lamotrigine oral tablet extended release 24hr                                       | 1    |                           |
| lamotrigine oral tablet, chewable dispersible                                       | 1    |                           |
| lamotrigine oral tablet, disintegrating                                             | 1    | QL                        |
| lamotrigine oral tablets, dose pack 25 mg (35)                                      | 1    |                           |
| lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) | 1    | QL                        |
| subvenite oral tablet                                                               | 1    |                           |
| subvenite starter (blue) kit                                                        | 1    |                           |
| subvenite starter (green) kit                                                       | 1    | QL                        |
| subvenite starter (orange) kit                                                      | 1    | QL                        |
| <b>ANTICONVULSANT - PYRROLIDINE DERIVATIVES</b>                                     |      |                           |
| levetiracetam oral solution                                                         | 1    |                           |
| levetiracetam oral tablet                                                           | 1    |                           |
| levetiracetam oral tablet extended release 24 hr                                    | 1    | QL                        |
| roweepra oral tablet 500 mg                                                         | 1    |                           |
| <b>ANTICONVULSANT - SUCCINIMIDES</b>                                                |      |                           |
| ethosuximide                                                                        | 1    |                           |
| <b>ANTICONVULSANT - SULFONAMIDE DERIVATIVES</b>                                     |      |                           |
| zonisamide                                                                          | 1    |                           |
| <b>ANTICONVULSANT - TRIAZOLE DERIVATIVES</b>                                        |      |                           |
| rufinamide oral suspension                                                          | 3    |                           |
| <b>ANTICONVULSANT OTHERS</b>                                                        |      |                           |
| FINTEPLA                                                                            | 3    | PA; QL; S                 |
| <b>ANTIDEPRESSANT - ALPHA-2 RECEPTOR ANTAGONISTS (NASSA)</b>                        |      |                           |
| mirtazapine oral tablet                                                             | 1    | PV                        |
| mirtazapine oral tablet, disintegrating                                             | 3    | PV                        |
| <b>ANTIDEPRESSANT - MAO INHIBITOR NONSELECTIVE AND IRREVERSIBLE- TYPES A,B</b>      |      |                           |
| phenelzine                                                                          | 1    | PV                        |
| tranylcypromine                                                                     | 3    | PV                        |
| <b>ANTIDEPRESSANT - NDMA RECEPTOR ANTAGONIST AND NDRI COMBINATIONS</b>              |      |                           |
| AUVELITY                                                                            | 3    | PA; QL                    |
| <b>ANTIDEPRESSANT - NEUROACTIVE STEROID GABA-A RECEPTOR MODULATOR</b>               |      |                           |
| ZURZUVAE                                                                            | 3    | PA; QL; S                 |
| <b>ANTIDEPRESSANT - SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>             |      |                           |
| citalopram oral solution                                                            | 1    | PV                        |
| citalopram oral tablet                                                              | 1    | QL; PV                    |

| Product Description                                                           | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|------|---------------------------|
| escitalopram oxalate oral tablet                                              | 1    | PV                        |
| fluoxetine oral capsule                                                       | 1    | PV                        |
| fluoxetine oral capsule,delayed release(dr/ec)                                | 3    | QL; PV                    |
| fluoxetine oral solution                                                      | 1    | PV                        |
| fluoxetine oral tablet                                                        | 3    | PV                        |
| fluvoxamine oral capsule,extended release 24hr                                | 3    | QL; PV                    |
| fluvoxamine oral tablet                                                       | 1    | PV                        |
| paroxetine hcl oral tablet                                                    | 1    | PV                        |
| paroxetine hcl oral tablet extended release 24 hr                             | 3    | QL; PV                    |
| sertraline oral concentrate                                                   | 1    | PV                        |
| sertraline oral tablet                                                        | 1    | PV                        |
| <b>ANTIDEPRESSANT - SEROTONIN-2 ANTAGONIST-REUPTAKE INHIBITORS (SARIS)</b>    |      |                           |
| nefazodone oral tablet 100 mg, 50 mg                                          | 3    | QL; PV                    |
| nefazodone oral tablet 150 mg, 200 mg, 250 mg                                 | 3    | PV                        |
| trazodone                                                                     | 1    | PV                        |
| <b>ANTIDEPRESSANT - SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>  |      |                           |
| desvenlafaxine succinate                                                      | 1    | QL; PV                    |
| duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg            | 1    | QL; PV                    |
| venlafaxine oral capsule,extended release 24hr                                | 1    | QL; PV                    |
| venlafaxine oral tablet                                                       | 1    | PV                        |
| <b>ANTIDEPRESSANT - SSRI AND 5HT1A PARTIAL AGONIST</b>                        |      |                           |
| vilazodone                                                                    | 3    | QL; PV                    |
| <b>ANTIDEPRESSANT - TRICYCLIC AND ANTIPSYCHOTIC, PHENOTHIAZINE COMB</b>       |      |                           |
| perphenazine-amitriptyline                                                    | 1    |                           |
| <b>ANTIDEPRESSANT - TRICYCLIC-BENZODIAZEPINE COMBINATIONS</b>                 |      |                           |
| amitriptyline-chlordiazepoxide                                                | 1    |                           |
| <b>ANTIDEPRESSANT-NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS)</b> |      |                           |
| bupropion hcl oral tablet                                                     | 1    | PV                        |
| bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg               | 1    | QL; PV                    |
| BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG                       | 3    | QL; PV                    |
| bupropion hcl oral tablet sustained-release 12 hr                             | 1    | QL; PV                    |
| <b>ANTIDEPRESSANT-TRICYCLICS AND RELATED (NON-SELECT REUPTAKE INHIBITORS)</b> |      |                           |
| amitriptyline                                                                 | 1    | PV                        |
| amoxapine                                                                     | 1    | PV                        |
| clomipramine                                                                  | 3    | PA; PV                    |
| desipramine                                                                   | 3    | PV                        |
| doxepin oral capsule                                                          | 1    | PV                        |
| doxepin oral concentrate                                                      | 1    |                           |
| imipramine hcl                                                                | 1    | PV                        |
| nortriptyline                                                                 | 1    | PV                        |
| protriptyline                                                                 | 3    | PV                        |
| trimipramine                                                                  | 1    | PV                        |
| <b>ANTIPARKINSON - DOPAMINERGIC-PERIPH COMT-DOPA-DECARBOXYLASE INHIB COMB</b> |      |                           |
| carbidopa-levodopa-entacapone                                                 | 1    |                           |

| Product Description                                                           | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|------|---------------------------|
| <b>ANTIPARKINSON - DOPAMINERG-PERIPHERAL DOPA-DECARBOXYLASE INHIBIT COMB</b>  |      |                           |
| carbidopa-levodopa oral tablet                                                | 1    |                           |
| carbidopa-levodopa oral tablet extended release                               | 1    |                           |
| carbidopa-levodopa oral tablet,disintegrating                                 | 3    |                           |
| <b>ANTIPARKINSON ADJUVANT - CENTRAL/PERIPHERAL COMT INHIBITORS</b>            |      |                           |
| tolcapone                                                                     | 1    |                           |
| <b>ANTIPARKINSON ADJUVANT - PERIPHERAL COMT INHIBITORS</b>                    |      |                           |
| entacapone                                                                    | 1    |                           |
| <b>ANTIPARKINSON THERAPY - ANTICHOLINERGIC AGENTS</b>                         |      |                           |
| benztropine oral                                                              | 1    |                           |
| trihexyphenidyl                                                               | 1    |                           |
| <b>ANTIPARKINSON THERAPY - DOPAMINE PRECURSORS</b>                            |      |                           |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE                               | 3    | PA; QL; S                 |
| <b>ANTIPARKINSON THERAPY - ERGOT ALKALOIDS AND DERIVATIVES</b>                |      |                           |
| bromocriptine                                                                 | 1    |                           |
| <b>ANTIPARKINSON THERAPY - MONOAMINE OXIDASE INHIBITOR(MAO-B)</b>             |      |                           |
| rasagiline                                                                    | 1    | QL                        |
| selegiline hcl                                                                | 1    |                           |
| <b>ANTIPARKINSON THERAPY - NON-ERGOT DOPAMINE AGONIST AGENTS</b>              |      |                           |
| amantadine hcl                                                                | 1    |                           |
| GOCOVRI                                                                       | 3    | PA; QL; S                 |
| ONAPGO                                                                        | 3    | PA; QL; S                 |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG                         | 3    | PA; QL; S                 |
| pramipexole oral tablet                                                       | 1    |                           |
| ropinirole oral tablet                                                        | 1    |                           |
| ropinirole oral tablet extended release 24 hr                                 | 1    | QL                        |
| <b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-BENZISOTHIAZOLONES</b>   |      |                           |
| lurasidone                                                                    | 1    | QL; PV                    |
| ziprasidone hcl                                                               | 1    | PV                        |
| <b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-BENZISOXAZOLE DERIV</b>  |      |                           |
| ERZOFRI                                                                       | 3    |                           |
| INVEGA HAFYERA                                                                | 3    |                           |
| INVEGA SUSTENNA                                                               | 3    |                           |
| INVEGA TRINZA                                                                 | 3    |                           |
| paliperidone                                                                  | 3    | QL; PV                    |
| PERSERIS                                                                      | 3    |                           |
| risperidone microspheres                                                      | 1    |                           |
| risperidone oral solution                                                     | 1    | PV                        |
| risperidone oral tablet                                                       | 1    | PV                        |
| RYKINDO                                                                       | 3    | QL                        |
| UZEDY                                                                         | 3    | QL                        |
| <b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZODIAZEPINE DER</b> |      |                           |
| clozapine oral tablet                                                         | 1    | PV                        |
| <b>ANTIPSYCHOTIC - BUTYROPHENONE DERIVATIVES</b>                              |      |                           |
| haloperidol                                                                   | 1    | PV                        |
| haloperidol decanoate                                                         | 1    |                           |
| haloperidol lactate oral                                                      | 1    |                           |

| Product Description                                                                               | Tier | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------------|------|---------------------------|
| <b>ANTIPSYCHOTIC - DIBENZOXAZEPINE DERIVATIVES</b>                                                |      |                           |
| loxapine succinate                                                                                | 1    | PV                        |
| <b>ANTIPSYCHOTIC - DIHYDROINDOLONES</b>                                                           |      |                           |
| molindone                                                                                         | 1    |                           |
| <b>ANTIPSYCHOTIC - DIPHENYLBUTYLPYPERIDINE DERIVATIVES</b>                                        |      |                           |
| pimozide                                                                                          | 1    |                           |
| <b>ANTIPSYCHOTIC - PHENOTHIAZINES, ALIPHATIC</b>                                                  |      |                           |
| chlorpromazine injection                                                                          | 1    |                           |
| chlorpromazine oral                                                                               | 1    | PV                        |
| <b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERAZINE</b>                                                 |      |                           |
| fluphenazine decanoate                                                                            | 1    |                           |
| fluphenazine hcl injection                                                                        | 1    |                           |
| fluphenazine hcl oral                                                                             | 1    | PV                        |
| perphenazine                                                                                      | 1    | PV                        |
| prochlorperazine maleate                                                                          | 1    | PV                        |
| trifluoperazine                                                                                   | 1    | PV                        |
| <b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERIDINE</b>                                                 |      |                           |
| thioridazine                                                                                      | 1    | PV                        |
| <b>ANTIPSYCHOTIC - THIOXANTHENES</b>                                                              |      |                           |
| thiothixene                                                                                       | 1    | PV                        |
| <b>ANTIPSYCHOTIC -ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZOTHIAZEPINE DER</b>                     |      |                           |
| quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 50 mg                                       | 1    | PV                        |
| QUETIAPINE ORAL TABLET 150 MG                                                                     | 3    | PV                        |
| quetiapine oral tablet 400 mg                                                                     | 1    | QL; PV                    |
| quetiapine oral tablet extended release 24 hr                                                     | 1    | QL; PV                    |
| <b>ANTIPSYCHOTIC -ATYPICAL DOPAMINE-SEROTONIN ANTAG-THIENOBENZODIAZEPINES</b>                     |      |                           |
| olanzapine oral tablet                                                                            | 1    | PV                        |
| olanzapine oral tablet,disintegrating                                                             | 3    | PV                        |
| ZYPREXA RELPREVV                                                                                  | 3    |                           |
| <b>ANTIPSYCHOTIC-ATYP SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIA)</b>                      |      |                           |
| NUPLAZID                                                                                          | 3    | PA; QL; MS; S; PV         |
| <b>ANTIPSYCHOTIC-ATYPICAL,D2 RECEPTOR PARTIAL AGONIST-5HT SEROTONIN MIXED</b>                     |      |                           |
| ABILIFY ASIMTUFII                                                                                 | 3    | QL                        |
| ABILIFY MAINTENA                                                                                  | 3    |                           |
| aripiprazole oral solution                                                                        | 1    | QL; PV                    |
| aripiprazole oral tablet                                                                          | 1    | QL; PV                    |
| ARISTADA INITIO                                                                                   | 3    | QL                        |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML                             | 3    | QL                        |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML | 3    |                           |
| <b>ATTENTION DEFICIT-HYPERACT. DISORDER (ADHD)- ALPHA-2 RECEPTOR AGONIST</b>                      |      |                           |
| clonidine hcl oral tablet extended release 12 hr                                                  | 1    | QL                        |
| guanfacine oral tablet extended release 24 hr                                                     | 1    | QL                        |
| <b>ATTENTION DEFICIT-HYPERACTIVITY (ADHD) THERAPY, STIMULANT-TYPE</b>                             |      |                           |
| ADDERALL XR                                                                                       | 3    | QL                        |
| CONCERTA                                                                                          | 3    | QL                        |

| Product Description                                                              | Tier | Limits/Restrictions/Notes |
|----------------------------------------------------------------------------------|------|---------------------------|
| dexmethylphenidate oral capsule,er biphasic 50-50                                | 2    | QL                        |
| dexmethylphenidate oral tablet                                                   | 1    |                           |
| dextroamphetamine sulfate oral capsule, extended release                         | 1    |                           |
| dextroamphetamine sulfate oral tablet 10 mg, 5 mg                                | 1    |                           |
| dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg                        | 3    |                           |
| dextroamphetamine-amphetamine oral capsule,extended release 24hr                 | 1    | QL                        |
| dextroamphetamine-amphetamine oral tablet                                        | 1    |                           |
| lisdexamfetamine                                                                 | 2    | QL                        |
| methylphenidate hcl oral capsule, er biphasic 30-70                              | 1    | QL                        |
| methylphenidate hcl oral capsule,er biphasic 50-50                               | 2    | QL                        |
| methylphenidate hcl oral solution                                                | 1    |                           |
| methylphenidate hcl oral tablet                                                  | 1    |                           |
| methylphenidate hcl oral tablet extended release                                 | 1    |                           |
| methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg | 1    | QL                        |
| methylphenidate hcl oral tablet,chewable                                         | 1    |                           |
| VYVANSE 10 MG CAPSULE                                                            | 3    | QL                        |
| VYVANSE 10 MG CHEWABLE TABLET                                                    | 3    | QL                        |
| VYVANSE 20 MG CAPSULE                                                            | 3    | QL                        |
| VYVANSE 20 MG CHEWABLE TABLET                                                    | 3    | QL                        |
| VYVANSE 30 MG CAPSULE                                                            | 3    | QL                        |
| VYVANSE 30 MG CHEWABLE TABLET                                                    | 3    | QL                        |
| VYVANSE 40 MG CAPSULE                                                            | 3    | QL                        |
| VYVANSE 40 MG CHEWABLE TABLET                                                    | 3    | QL                        |
| VYVANSE 50 MG CAPSULE                                                            | 3    | QL                        |
| VYVANSE 50 MG CHEWABLE TABLET                                                    | 3    | QL                        |
| VYVANSE 60 MG CAPSULE                                                            | 3    | QL                        |
| VYVANSE 60 MG CHEWABLE TABLET                                                    | 3    | QL                        |
| VYVANSE 70 MG CAPSULE                                                            | 3    | QL                        |
| VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 70 MG                           | 3    | QL                        |
| <b>ATTENTION DEFICIT-HYPERACTIVITY DISORDER (ADHD) THERAPY, NRI-TYPE</b>         |      |                           |
| atomoxetine                                                                      | 1    |                           |
| QELBREE                                                                          | 3    | PA; QL                    |
| <b>BENZODIAZEPINES</b>                                                           |      |                           |
| alprazolam intensol                                                              | 1    |                           |
| alprazolam oral tablet                                                           | 1    |                           |
| alprazolam oral tablet extended release 24 hr                                    | 3    |                           |
| amitriptyline-chlordiazepoxide                                                   | 1    |                           |
| chlordiazepoxide hcl                                                             | 1    |                           |
| clobazam oral suspension                                                         | 1    |                           |
| clobazam oral tablet                                                             | 1    | QL                        |
| clonazepam oral tablet                                                           | 1    |                           |
| clonazepam oral tablet,disintegrating                                            | 3    |                           |
| clorazepate dipotassium                                                          | 3    |                           |
| diazepam intensol                                                                | 1    |                           |
| diazepam oral                                                                    | 1    |                           |
| diazepam rectal                                                                  | 1    | QL                        |
| estazolam                                                                        | 1    |                           |
| flurazepam                                                                       | 3    |                           |

| Product Description                                                                 | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------------|------|---------------------------|
| lorazepam intensol                                                                  | 1    |                           |
| lorazepam oral                                                                      | 1    |                           |
| LOREEV XR                                                                           | 3    | PA; QL                    |
| midazolam oral syrup 2 mg/ml                                                        | 1    |                           |
| NAYZILAM                                                                            | 3    | QL                        |
| oxazepam                                                                            | 3    |                           |
| temazepam oral capsule 15 mg, 30 mg                                                 | 1    |                           |
| temazepam oral capsule 22.5 mg, 7.5 mg                                              | 3    |                           |
| triazolam                                                                           | 1    |                           |
| VALTOCO                                                                             | 3    | QL                        |
| <b>BIPOLAR THERAPY AGENTS - ANTICONVULSANT TYPE</b>                                 |      |                           |
| carbamazepine oral capsule, er multiphase 12 hr                                     | 1    | PV                        |
| carbamazepine oral suspension                                                       | 1    | PV                        |
| carbamazepine oral tablet                                                           | 1    | PV                        |
| carbamazepine oral tablet extended release 12 hr                                    | 1    | PV                        |
| carbamazepine oral tablet, chewable 100 mg                                          | 1    | PV                        |
| divalproex                                                                          | 1    |                           |
| lamotrigine oral tablet disintegrating, dose pk                                     | 1    |                           |
| lamotrigine oral tablet, disintegrating                                             | 1    | QL                        |
| lamotrigine oral tablets, dose pack 25 mg (35)                                      | 1    |                           |
| lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) | 1    | QL                        |
| subvenite starter (blue) kit                                                        | 1    |                           |
| subvenite starter (green) kit                                                       | 1    | QL                        |
| subvenite starter (orange) kit                                                      | 1    | QL                        |
| valproic acid                                                                       | 1    |                           |
| valproic acid (as sodium salt)                                                      | 1    |                           |
| <b>BIPOLAR THERAPY AGENTS - ATYPICAL ANTIPSYCHOTICS</b>                             |      |                           |
| aripiprazole oral solution                                                          | 1    | QL; PV                    |
| aripiprazole oral tablet                                                            | 1    | QL; PV                    |
| olanzapine oral tablet                                                              | 1    | PV                        |
| olanzapine oral tablet, disintegrating                                              | 3    | PV                        |
| quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 50 mg                         | 1    | PV                        |
| QUETIAPINE ORAL TABLET 150 MG                                                       | 3    | PV                        |
| quetiapine oral tablet 400 mg                                                       | 1    | QL; PV                    |
| quetiapine oral tablet extended release 24 hr                                       | 1    | QL; PV                    |
| risperidone oral solution                                                           | 1    | PV                        |
| risperidone oral tablet                                                             | 1    | PV                        |
| ziprasidone hcl                                                                     | 1    | PV                        |
| <b>BIPOLAR THERAPY AGENTS - LITHIUM</b>                                             |      |                           |
| lithium carbonate                                                                   | 1    | PV                        |
| lithium citrate                                                                     | 1    |                           |
| <b>CANNABIS AND CANNABINOIDS</b>                                                    |      |                           |
| dronabinol                                                                          | 1    |                           |
| SYNDROS                                                                             | 3    | PA                        |
| <b>CNS STIMULANT - AMPHETAMINE COMBINATIONS</b>                                     |      |                           |
| ADDERALL XR                                                                         | 3    | QL                        |
| dextroamphetamine-amphetamine oral capsule, extended release 24hr                   | 1    | QL                        |
| dextroamphetamine-amphetamine oral tablet                                           | 1    |                           |

| Product Description                                                          | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------|------|---------------------------|
| <b>CNS STIMULANT - AMPHETAMINES</b>                                          |      |                           |
| dextroamphetamine sulfate oral capsule, extended release                     | 1    |                           |
| dextroamphetamine sulfate oral solution                                      | 3    |                           |
| dextroamphetamine sulfate oral tablet 10 mg, 5 mg                            | 1    |                           |
| dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg                    | 3    |                           |
| <b>CNS STIMULANT - ANALEPTICS, METHYLXANTHINE-TYPE</b>                       |      |                           |
| caffeine citrate oral                                                        | 1    |                           |
| <b>FIBROMYALGIA AGENTS - GABA ANALOGS</b>                                    |      |                           |
| pregabalin oral capsule                                                      | 1    |                           |
| pregabalin oral solution                                                     | 1    | QL                        |
| <b>FIBROMYALGIA AGENTS - SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)</b> |      |                           |
| duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg          | 1    | QL; PV                    |
| <b>HSDD AGENTS-MIXED SEROTONIN AGONIST/ANTAGONISTS</b>                       |      |                           |
| ADDYI                                                                        | 3    | PA                        |
| <b>HSDD AGENTS-NON-SELECTIVE MELANOCORTIN RECEPTOR AGONIST</b>               |      |                           |
| VYLEESI                                                                      | 3    | PA; QL; S                 |
| <b>HYPNOTICS - MELATONIN M1/M2 RECEPTOR AGONISTS</b>                         |      |                           |
| HETLIOZ LQ                                                                   | 3    | PA; QL; MS; S             |
| ramelteon                                                                    | 1    | QL                        |
| tasimelteon                                                                  | 3    | PA; QL; MS; S             |
| <b>MIGRAINE THERAPY - CARBOXYLIC ACID DERIVATIVES</b>                        |      |                           |
| divalproex oral tablet extended release 24 hr                                | 1    |                           |
| <b>MIGRAINE THERAPY - CGRP LIGAND BLOCKER, MONOCLONAL ANTIBODY</b>           |      |                           |
| AJOVY AUTOINJECTOR                                                           | 2    | PA; QL                    |
| AJOVY SYRINGE                                                                | 2    | PA; QL                    |
| EMGALITY PEN                                                                 | 2    | PA; QL                    |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML                              | 2    | PA; QL                    |
| <b>MIGRAINE THERAPY - CGRP RECEPTOR BLOCKERS (GEPANTS AND MAB)</b>           |      |                           |
| AIMOVIG AUTOINJECTOR                                                         | 2    | PA; QL                    |
| NURTEC ODT                                                                   | 2    | PA; QL                    |
| QULIPTA                                                                      | 2    | PA; QL                    |
| UBRELVY                                                                      | 2    | PA; QL                    |
| <b>MIGRAINE THERAPY - ERGOT ALKALOIDS AND DERIVATIVES</b>                    |      |                           |
| DIHYDROERGOTAMINE NASAL                                                      | 3    | PA; QL                    |
| <b>MIGRAINE THERAPY - ERGOT COMBINATIONS</b>                                 |      |                           |
| ergotamine-caffeine                                                          | 1    |                           |
| <b>MIGRAINE THERAPY - SELECTIVE SEROTONIN AGONISTS 5-HT(1)</b>               |      |                           |
| almotriptan malate                                                           | 3    | QL                        |
| eletriptan                                                                   | 2    | QL                        |
| frovatriptan                                                                 | 3    | QL                        |
| naratriptan oral tablet 1 mg                                                 | 3    | QL                        |
| naratriptan oral tablet 2.5 mg                                               | 1    | QL                        |
| rizatriptan                                                                  | 1    | QL                        |
| sumatriptan                                                                  | 1    | QL                        |
| sumatriptan succinate oral                                                   | 1    | QL                        |
| sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml                     | 1    | QL                        |
| sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml                     | 2    | QL                        |
| sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml                  | 3    | QL                        |
| sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml                  | 2    | QL                        |

| Product Description                                                               | Tier | Limits/Restrictions/Notes |
|-----------------------------------------------------------------------------------|------|---------------------------|
| sumatriptan succinate subcutaneous solution                                       | 2    | QL                        |
| zolmitriptan 2.5 mg odt                                                           | 3    | QL                        |
| zolmitriptan 5 mg odt                                                             | 3    | QL                        |
| zolmitriptan oral tablet                                                          | 1    | QL                        |
| zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg                              | 2    | QL                        |
| <b>MIGRAINE THERAPY - SEROTONIN AGONIST 5-HT(1) AND NSAID COMB.</b>               |      |                           |
| sumatriptan-naproxen                                                              | 1    | QL                        |
| <b>MOVEMENT DISORDER DRUG THERAPY</b>                                             |      |                           |
| AUSTEDO                                                                           | 3    | PA; QL; MS; S             |
| AUSTEDO XR                                                                        | 3    | PA; QL; MS; S             |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 3    | PA; QL; MS; S             |
| INGREZZA                                                                          | 3    | PA; QL; S                 |
| INGREZZA INITIATION PK(TARDIV)                                                    | 3    | PA; QL; S                 |
| INGREZZA SPRINKLE                                                                 | 3    | PA; QL; S                 |
| tetrabenazine                                                                     | 2    | PA; QL; MS; S             |
| <b>MOVEMENT DISORDER THERAPY - HUNTINGTON'S DISEASE</b>                           |      |                           |
| AUSTEDO                                                                           | 3    | PA; QL; MS; S             |
| AUSTEDO XR                                                                        | 3    | PA; QL; MS; S             |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 3    | PA; QL; MS; S             |
| INGREZZA                                                                          | 3    | PA; QL; S                 |
| INGREZZA SPRINKLE                                                                 | 3    | PA; QL; S                 |
| tetrabenazine                                                                     | 2    | PA; QL; MS; S             |
| <b>MOVEMENT DISORDER THERAPY - TARDIVE DYSKINESIA</b>                             |      |                           |
| AUSTEDO                                                                           | 3    | PA; QL; MS; S             |
| AUSTEDO XR                                                                        | 3    | PA; QL; MS; S             |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 3    | PA; QL; MS; S             |
| INGREZZA                                                                          | 3    | PA; QL; S                 |
| INGREZZA INITIATION PK(TARDIV)                                                    | 3    | PA; QL; S                 |
| INGREZZA SPRINKLE                                                                 | 3    | PA; QL; S                 |
| <b>NARCOLEPSY AND CATAPLEXY THERAPY AGENTS - SEDATIVE-TYPE</b>                    |      |                           |
| SODIUM OXYBATE                                                                    | 3    | PA; QL; S                 |
| XYREM                                                                             | 3    | PA; QL; S                 |
| XYWAV                                                                             | 3    | PA; QL; S                 |
| <b>NARCOLEPSY THERAPY AGENTS - DOPAMINE AND NE REUPTAKE INHIBITOR (DNRI)</b>      |      |                           |
| SUNOSI                                                                            | 3    | PA; QL                    |
| <b>NARCOLEPSY THERAPY AGENTS - NON-SYMPATHOMIMETIC</b>                            |      |                           |
| armodafinil                                                                       | 1    | QL                        |
| modafinil                                                                         | 1    | QL                        |
| <b>NARCOLEPSY THERAPY AGENTS - STIMULANT-TYPE, PIPERADINE DERIVATIVE</b>          |      |                           |
| methylphenidate hcl oral solution                                                 | 1    |                           |
| methylphenidate hcl oral tablet                                                   | 1    |                           |
| methylphenidate hcl oral tablet,chewable                                          | 1    |                           |
| <b>NARCOLEPSY THERAPY AGENTS- STIMULANT-TYPE,SYMPATHOMIMETIC,AMPHETAMINES</b>     |      |                           |
| dextroamphetamine sulfate oral capsule, extended release                          | 1    |                           |
| dextroamphetamine sulfate oral tablet 10 mg, 5 mg                                 | 1    |                           |

| Product Description                                                        | Tier | Limits/Restrictions/Notes    |
|----------------------------------------------------------------------------|------|------------------------------|
| dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg                  | 3    |                              |
| dextroamphetamine-amphetamine oral tablet                                  | 1    |                              |
| <b>POSTHERPETIC NEURALGIA AGENTS</b>                                       |      |                              |
| gabapentin oral tablet extended release 24 hr 300 mg, 600 mg               | 3    | PA; QL                       |
| gabapentin oral tablet extended release 24 hr 450 mg, 750 mg, 900 mg       | 1    | PA; QL                       |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR                                 | 3    | PA; QL                       |
| <b>PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS TYPE</b>             |      |                              |
| NUEDEXTA                                                                   | 3    | PA; QL                       |
| <b>SEDATIVE-HYPNOTIC - BARBITURATES</b>                                    |      |                              |
| phenobarbital                                                              | 1    |                              |
| <b>SEDATIVE-HYPNOTIC - BENZODIAZEPINES</b>                                 |      |                              |
| estazolam                                                                  | 1    |                              |
| flurazepam                                                                 | 3    |                              |
| midazolam oral syrup 2 mg/ml                                               | 1    |                              |
| temazepam oral capsule 15 mg, 30 mg                                        | 1    |                              |
| temazepam oral capsule 22.5 mg, 7.5 mg                                     | 3    |                              |
| triazolam                                                                  | 1    |                              |
| <b>SEDATIVE-HYPNOTIC - GABA-RECEPTOR MODULATORS</b>                        |      |                              |
| eszopiclone                                                                | 1    | QL                           |
| zaleplon                                                                   | 1    | QL                           |
| zolpidem oral tablet                                                       | 1    | QL                           |
| zolpidem oral tablet,ext release multiphase                                | 1    | QL                           |
| zolpidem sublingual                                                        | 3    | QL                           |
| <b>CHEMICAL DEPENDENCY, AGENTS TO TREAT</b>                                |      |                              |
| <b>AGENTS FOR OPIOID WITHDRAWAL, OPIOID-TYPE</b>                           |      |                              |
| BRIXADI                                                                    | 3    | S; PV                        |
| buprenorphine hcl sublingual                                               | 1    | PV                           |
| buprenorphine-naloxone                                                     | 1    | PV                           |
| SUBLOCADE                                                                  | 3    | S; PV                        |
| ZUBSOLV                                                                    | 2    | PV                           |
| <b>ALCOHOL ABSTINENCE THERAPY - GLUTAMATE AND GABA SYSTEM TYPE</b>         |      |                              |
| acamprosate                                                                | 1    | QL                           |
| <b>ALCOHOL ABSTINENCE THERAPY - OPIOID RECEPTOR ANTAGONIST-TYPE</b>        |      |                              |
| naltrexone                                                                 | 1    | PV                           |
| VIVITROL                                                                   | 3    | S; PV                        |
| <b>ALCOHOL DETERRENTS</b>                                                  |      |                              |
| disulfiram                                                                 | 1    |                              |
| <b>SMOKING DETERRENTS - NE AND DOPAMINE REUPTAKE INHIBITOR (NDRI)-TYPE</b> |      |                              |
| bupropion hcl (smoking deter)                                              | 1    | Covered in full age 18+*     |
| <b>SMOKING DETERRENTS - NICOTINE-TYPE</b>                                  |      |                              |
| NICODERM CQ                                                                | 3    | QL; Covered in full age 18+* |
| NICORETTE 4 MG CHEWING GUM WHITE ICE MINT                                  | 1    | QL                           |
| NICORETTE BUCCAL GUM 2 MG, 4 MG                                            | 3    | QL; Covered in full age 18+* |
| NICORETTE BUCCAL LOZENGE                                                   | 3    | QL; Covered in full age 18+* |
| NICORETTE BUCCAL MINI LOZENGE                                              | 3    | QL; Covered in full age 18+* |
| NICOTINE                                                                   | 1    | QL; Covered in full age 18+* |
| NICOTINE (POLACRILEX) BUCCAL GUM                                           | 1    | QL; Covered in full age 18+* |
| nicotine (polacrilex) buccal lozenge                                       | 1    | QL; Covered in full age 18+* |
| nicotine (polacrilex) buccal mini lozenge                                  | 1    | QL; Covered in full age 18+* |

| Product Description                                                         | Tier | Limits/Restrictions/Notes    |
|-----------------------------------------------------------------------------|------|------------------------------|
| NICOTROL NS                                                                 | 3    | QL; Covered in full age 18+* |
| QUIT 2 BUCCAL GUM                                                           | 1    | QL; Covered in full age 18+* |
| quit 2 buccal lozenge                                                       | 1    | QL; Covered in full age 18+* |
| QUIT 4 BUCCAL GUM                                                           | 1    | QL; Covered in full age 18+* |
| quit 4 buccal lozenge                                                       | 1    | QL; Covered in full age 18+* |
| STOP SMOKING AID                                                            | 1    | QL; Covered in full age 18+* |
| <b>SMOKING DETERRENTS - NICOTINIC RECEPTOR PARTIAL AGONIST, ALPHA4BETA2</b> |      |                              |
| varenicline tartrate                                                        | 1    | QL; Covered in full age 18+* |
| <b>CHEMICALS-PHARMACEUTICAL ADJUVANTS</b>                                   |      |                              |
| <b>CHEMICALS - SOLVENTS</b>                                                 |      |                              |
| cvs isopropyl alcohol 91% (otc)                                             | 3    |                              |
| CVS ISOPROPYL ALCOHOL 91% (OTC)                                             | 3    | PV                           |
| cvs isopropyl rub alcohol 70% (otc)                                         | 3    | PV                           |
| CVS ISOPROPYL RUB ALCOHOL 70% (OTC)                                         | 3    | PV                           |
| FT ISOPROPYL ALCOHOL 91% (OTC)                                              | 3    | PV                           |
| ft isopropyl rub alcohol 70% (otc)                                          | 3    |                              |
| ft isopropyl rub alcohol 70% (otc)                                          | 3    | PV                           |
| FT ISOPROPYL RUB ALCOHOL 70% (OTC)                                          | 3    | PV                           |
| gnp isopropyl alcohol 70% (otc)                                             | 3    |                              |
| GNP ISOPROPYL ALCOHOL 91% (OTC)                                             | 3    | PV                           |
| GS ISOPROPYL ALCOHOL 70% (OTC)                                              | 3    | PV                           |
| INSTACLEAN                                                                  | 3    | PV                           |
| ISOPROPANOL 70% LIQUID STERILE (RX)                                         | 3    | PV                           |
| isopropanol 70% solution 12's, sterile (rx)                                 | 3    |                              |
| ISOPROPANOL 70% SOLUTION STERILE (RX)                                       | 3    | PV                           |
| isopropanol 70% solution sterile, spray (rx)                                | 3    |                              |
| isopropanol 70% solution sterile,spray (rx)                                 | 3    |                              |
| isopropyl alcohol 70% (otc)                                                 | 3    |                              |
| isopropyl alcohol solution 70 %, 91 %, 99 %                                 | 3    | PV                           |
| isopropyl rubbing alcohol 70% (otc)                                         | 3    | PV                           |
| ISOPROPYL RUBBING ALCOHOL 70% (OTC)                                         | 3    | PV                           |
| ISOPROPYL RUBBING ALCOHOL 91% (OTC)                                         | 3    | PV                           |
| <b>PHARMACEUTICAL ADJUVANT - INHALATION VEHICLES</b>                        |      |                              |
| nebusal inhalation solution for nebulization 3 %                            | 1    |                              |
| sodium chloride inhalation                                                  | 1    |                              |
| <b>PHARMACEUTICAL ADJUVANT - ORAL THICKENING AGENTS</b>                     |      |                              |
| DIAFOODS THICK-IT #2                                                        | 3    |                              |
| DIAFOODS THICK-IT ORAL POWDER                                               | 1    |                              |
| DIAFOODS THICK-IT ORAL POWDER IN PACKET                                     | 3    |                              |
| GELMIX                                                                      | 3    |                              |
| INSTANT FOOD THICKENER                                                      | 3    |                              |
| RESOURCE THICKENUP ORAL PACKET                                              | 3    |                              |
| RESOURCE THICKENUP ORAL POWDER                                              | 1    |                              |
| SIMPLYTHICK ORAL GEL IN PACKET 12 GRAM, 4 GRAM, 6 GRAM, 96 GRAM             | 3    |                              |
| SIMPLYTHICK ORAL GEL WITH PUMP                                              | 3    |                              |
| THICK AND EASY                                                              | 3    |                              |
| THICK NOW                                                                   | 3    |                              |
| THICKEN UP CLEAR ORAL POWDER IN PACKET                                      | 3    |                              |
| THICK-IT #2 ORAL POWDER                                                     | 1    |                              |

| Product Description                                                                         | Tier | Limits/Restrictions/Notes   |
|---------------------------------------------------------------------------------------------|------|-----------------------------|
| THICK-IT #2 ORAL POWDER IN PACKET                                                           | 3    |                             |
| THICK-IT ORAL POWDER                                                                        | 1    |                             |
| THICK-IT ORAL POWDER IN PACKET                                                              | 3    |                             |
| <b>COGNITIVE DISORDER THERAPY</b>                                                           |      |                             |
| <b>ALZHEIMER'S DISEASE THERAPY - AMYLOID DIRECTED MONOCLONAL ANTIBODY</b>                   |      |                             |
| LEQEMBI IQLIK                                                                               | 3    | PA; QL; S                   |
| <b>ALZHEIMER'S DISEASE THERAPY - CHOLINESTERASE INHIBITORS</b>                              |      |                             |
| ADLARITY                                                                                    | 3    | ST; QL                      |
| donepezil                                                                                   | 1    |                             |
| galantamine                                                                                 | 1    |                             |
| rivastigmine                                                                                | 1    |                             |
| rivastigmine tartrate                                                                       | 1    |                             |
| <b>ALZHEIMER'S DISEASE THERAPY - NMDA RECEPTOR ANTAGONISTS</b>                              |      |                             |
| memantine oral capsule,sprinkle,er 24hr                                                     | 1    | QL                          |
| memantine oral solution                                                                     | 1    |                             |
| memantine oral tablet                                                                       | 1    |                             |
| memantine oral tablets,dose pack                                                            | 1    |                             |
| <b>COGNITIVE DISORDER THERAPY - CEREBRAL VASODILATORS</b>                                   |      |                             |
| ergoloid                                                                                    | 1    |                             |
| <b>RETT SYNDROME AGENTS - GLYPROMATE (GPE) ANALOGS</b>                                      |      |                             |
| DAYBUE                                                                                      | 3    | PA; QL; S                   |
| <b>CONTRACEPTIVES</b>                                                                       |      |                             |
| <b>CONTRACEPTIVE - VAGINAL PH MODULATOR</b>                                                 |      |                             |
| PHEXX                                                                                       | 3    | Covered in full*; PV        |
| <b>CONTRACEPTIVE IMPLANT - PROGESTIN</b>                                                    |      |                             |
| NEXPLANON                                                                                   | 3    | S; Covered in full*; PV     |
| <b>CONTRACEPTIVE INJECTABLE - PROGESTIN</b>                                                 |      |                             |
| medroxyprogesterone intramuscular                                                           | 1    | Covered in full*; PV        |
| <b>CONTRACEPTIVE INTRAUTERINE - COPPER IUD</b>                                              |      |                             |
| MIUDELLA                                                                                    | 3    | S; Covered in full*; PV     |
| PARAGARD T 380A                                                                             | 3    | S; Covered in full*; PV     |
| PARAGARD T380A (SINGLE HAND)                                                                | 3    | S; Covered in full*; PV     |
| <b>CONTRACEPTIVE INTRAUTERINE - PROGESTERONE IUD</b>                                        |      |                             |
| KYLEENA                                                                                     | 3    | S; Covered in full*; PV     |
| LILETTA                                                                                     | 3    | MS; S; Covered in full*; PV |
| MIRENA                                                                                      | 3    | S; Covered in full*; PV     |
| SKYLA                                                                                       | 3    | S; Covered in full*; PV     |
| <b>CONTRACEPTIVE ORAL - BIPHASIC</b>                                                        |      |                             |
| amethia                                                                                     | 1    | Covered in full*; PV        |
| ashlyna                                                                                     | 1    | Covered in full*; PV        |
| azurette (28)                                                                               | 1    | Covered in full*; PV        |
| camrese                                                                                     | 1    | Covered in full*; PV        |
| camrese lo                                                                                  | 1    | Covered in full*; PV        |
| daysee                                                                                      | 1    | Covered in full*; PV        |
| desog-e.estradiol/e.estradiol                                                               | 1    | Covered in full*; PV        |
| jaimiess                                                                                    | 1    | Covered in full*; PV        |
| kariva (28)                                                                                 | 1    | Covered in full*; PV        |
| l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7) | 1    | Covered in full*; PV        |

| Product Description                    | Tier | Limits/Restrictions/Notes |
|----------------------------------------|------|---------------------------|
| LO LOESTRIN FE                         | 2    | Covered in full*; PV      |
| lojaimiess                             | 1    | Covered in full*; PV      |
| pimtree (28)                           | 1    | Covered in full*; PV      |
| simliya (28)                           | 1    | Covered in full*; PV      |
| simpesse                               | 1    | Covered in full*; PV      |
| viorele (28)                           | 1    | Covered in full*; PV      |
| volnea (28)                            | 1    | Covered in full*; PV      |
| <b>CONTRACEPTIVE ORAL - MONOPHASIC</b> |      |                           |
| afirmelle                              | 1    | Covered in full*; PV      |
| altavera (28)                          | 1    | Covered in full*; PV      |
| alyacen 1/35 (28)                      | 1    | Covered in full*; PV      |
| amethyst (28)                          | 1    | Covered in full*; PV      |
| apri                                   | 1    | Covered in full*; PV      |
| aubra                                  | 1    | Covered in full*; PV      |
| aubra eq                               | 1    | Covered in full*; PV      |
| aurovela 1.5/30 (21)                   | 1    | Covered in full*; PV      |
| aurovela 1/20 (21)                     | 1    | Covered in full*; PV      |
| aurovela 24 fe                         | 1    | Covered in full*; PV      |
| aurovela fe 1.5/30 (28)                | 1    | Covered in full*; PV      |
| aurovela fe 1-20 (28)                  | 1    | Covered in full*; PV      |
| AVERI                                  | 3    | Covered in full*; PV      |
| aviane                                 | 1    | Covered in full*; PV      |
| ayuna                                  | 1    | Covered in full*; PV      |
| balziva (28)                           | 1    | Covered in full*; PV      |
| blisovi 24 fe                          | 1    | Covered in full*; PV      |
| blisovi fe 1.5/30 (28)                 | 1    | Covered in full*; PV      |
| blisovi fe 1/20 (28)                   | 1    | Covered in full*; PV      |
| briellyn                               | 1    | Covered in full*; PV      |
| charlotte 24 fe                        | 1    | Covered in full*; PV      |
| chateal eq (28)                        | 1    | Covered in full*; PV      |
| cryselle (28)                          | 1    | Covered in full*; PV      |
| cyred                                  | 1    | Covered in full*; PV      |
| cyred eq                               | 1    | Covered in full*; PV      |
| dasetta 1/35 (28)                      | 1    | Covered in full*; PV      |
| dolishale                              | 1    | Covered in full*; PV      |
| drospirenone-e.estradiol-lm.fa         | 1    | Covered in full*; PV      |
| drospirenone-ethinyl estradiol         | 1    | Covered in full*; PV      |
| elinest                                | 1    | Covered in full*; PV      |
| enskyce                                | 1    | Covered in full*; PV      |
| estarylla                              | 1    | Covered in full*; PV      |
| ethynodiol diac-eth estradiol          | 1    | Covered in full*; PV      |
| falmina (28)                           | 1    | Covered in full*; PV      |
| FEIRZA                                 | 1    | Covered in full*; PV      |
| FEMLYV                                 | 3    | Covered in full*; PV      |
| finzala                                | 1    | Covered in full*; PV      |
| GALBRIELA                              | 1    | Covered in full*; PV      |
| gemmily                                | 1    | Covered in full*; PV      |
| hailey                                 | 1    | Covered in full*; PV      |
| hailey 24 fe                           | 1    | Covered in full*; PV      |
| hailey fe 1.5/30 (28)                  | 1    | Covered in full*; PV      |

| Product Description                                                              | Tier | Limits/Restrictions/Notes |
|----------------------------------------------------------------------------------|------|---------------------------|
| hailey fe 1/20 (28)                                                              | 1    | Covered in full*; PV      |
| iclevia                                                                          | 1    | Covered in full*; PV      |
| INTROVALE                                                                        | 1    | Covered in full*; PV      |
| isibloom                                                                         | 1    | Covered in full*; PV      |
| jasmiel (28)                                                                     | 1    | Covered in full*; PV      |
| jolessa                                                                          | 1    | Covered in full*; PV      |
| joyeaux                                                                          | 1    | Covered in full*; PV      |
| juleber                                                                          | 1    | Covered in full*; PV      |
| junel 1.5/30 (21)                                                                | 1    | Covered in full*; PV      |
| junel 1/20 (21)                                                                  | 1    | Covered in full*; PV      |
| junel fe 1.5/30 (28)                                                             | 1    | Covered in full*; PV      |
| junel fe 1/20 (28)                                                               | 1    | Covered in full*; PV      |
| junel fe 24                                                                      | 1    | Covered in full*; PV      |
| kaitlib fe                                                                       | 1    | Covered in full*; PV      |
| kalliga                                                                          | 1    | Covered in full*; PV      |
| kelnor 1/35 (28)                                                                 | 1    | Covered in full*; PV      |
| kurvelo (28)                                                                     | 1    | Covered in full*; PV      |
| larin 1.5/30 (21)                                                                | 1    | Covered in full*; PV      |
| larin 1/20 (21)                                                                  | 1    | Covered in full*; PV      |
| larin 24 fe                                                                      | 1    | Covered in full*; PV      |
| larin fe 1.5/30 (28)                                                             | 1    | Covered in full*; PV      |
| larin fe 1/20 (28)                                                               | 1    | Covered in full*; PV      |
| lessina                                                                          | 1    | Covered in full*; PV      |
| levonorgest-eth.estradiol-iron                                                   | 1    | Covered in full*; PV      |
| levonorgestrel-ethinyl estrad                                                    | 1    | Covered in full*; PV      |
| levora-28                                                                        | 1    | Covered in full*; PV      |
| loryna (28)                                                                      | 1    | Covered in full*; PV      |
| low-ogestrel (28)                                                                | 1    | Covered in full*; PV      |
| lo-zumandimine (28)                                                              | 1    | Covered in full*; PV      |
| LUIZZA                                                                           | 1    | Covered in full*; PV      |
| lutera (28)                                                                      | 1    | Covered in full*; PV      |
| marlissa (28)                                                                    | 1    | Covered in full*; PV      |
| mibelas 24 fe                                                                    | 1    | Covered in full*; PV      |
| microgestin 1.5/30 (21)                                                          | 1    | Covered in full*; PV      |
| microgestin 1/20 (21)                                                            | 1    | Covered in full*; PV      |
| microgestin fe 1.5/30 (28)                                                       | 1    | Covered in full*; PV      |
| microgestin fe 1/20 (28)                                                         | 1    | Covered in full*; PV      |
| mili                                                                             | 1    | Covered in full*; PV      |
| MINZOYA                                                                          | 1    | Covered in full*; PV      |
| mono-linyah                                                                      | 1    | Covered in full*; PV      |
| necon 0.5/35 (28)                                                                | 1    | Covered in full*; PV      |
| NEXTSTELLIS                                                                      | 3    | Covered in full*; PV      |
| nikki (28)                                                                       | 1    | Covered in full*; PV      |
| noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4) | 1    | Covered in full*; PV      |
| norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg            | 1    | Covered in full*; PV      |
| norethindrone-e.estradiol-iron oral capsule                                      | 1    | Covered in full*; PV      |
| norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)          | 1    | Covered in full*; PV      |
| norethindrone-e.estradiol-iron oral tablet,chewable                              | 1    | Covered in full*; PV      |
| norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg                         | 1    | Covered in full*; PV      |

| Product Description                      | Tier | Limits/Restrictions/Notes |
|------------------------------------------|------|---------------------------|
| nortrel 0.5/35 (28)                      | 1    | Covered in full*; PV      |
| nortrel 1/35 (21)                        | 1    | Covered in full*; PV      |
| nortrel 1/35 (28)                        | 1    | Covered in full*; PV      |
| nylia 1/35 (28)                          | 1    | Covered in full*; PV      |
| ocella                                   | 1    | Covered in full*; PV      |
| philith                                  | 1    | Covered in full*; PV      |
| portia 28                                | 1    | Covered in full*; PV      |
| reclipsen (28)                           | 1    | Covered in full*; PV      |
| setlakin                                 | 1    | Covered in full*; PV      |
| sprintec (28)                            | 1    | Covered in full*; PV      |
| sronyx                                   | 1    | Covered in full*; PV      |
| syeda                                    | 1    | Covered in full*; PV      |
| tarina 24 fe                             | 1    | Covered in full*; PV      |
| tarina fe 1/20 (28)                      | 1    | Covered in full*; PV      |
| tarina fe 1-20 eq (28)                   | 1    | Covered in full*; PV      |
| turqoz (28)                              | 1    | Covered in full*; PV      |
| TYBLUME                                  | 3    | Covered in full*; PV      |
| VALTYA                                   | 1    | Covered in full*; PV      |
| vestura (28)                             | 1    | Covered in full*; PV      |
| vienva                                   | 1    | Covered in full*; PV      |
| vyfemla (28)                             | 1    | Covered in full*; PV      |
| vylibra                                  | 1    | Covered in full*; PV      |
| wera (28)                                | 1    | Covered in full*; PV      |
| wymzya fe                                | 1    | Covered in full*; PV      |
| XELRIA FE                                | 1    | Covered in full*; PV      |
| zarah                                    | 1    | Covered in full*; PV      |
| zovia 1-35 (28)                          | 1    | Covered in full*; PV      |
| zumandimine (28)                         | 1    | Covered in full*; PV      |
| <b>CONTRACEPTIVE ORAL - PROGESTIN</b>    |      |                           |
| camila                                   | 1    | Covered in full*; PV      |
| deblitane                                | 1    | Covered in full*; PV      |
| emzahh                                   | 1    | Covered in full*; PV      |
| errin                                    | 1    | Covered in full*; PV      |
| heather                                  | 1    | Covered in full*; PV      |
| incassia                                 | 1    | Covered in full*; PV      |
| jencycla                                 | 1    | Covered in full*; PV      |
| lyleq                                    | 1    | Covered in full*; PV      |
| lyza                                     | 1    | Covered in full*; PV      |
| MELEYA                                   | 1    | Covered in full*; PV      |
| nora-be                                  | 1    | Covered in full*; PV      |
| norethindrone (contraceptive)            | 1    | Covered in full*; PV      |
| OPILL                                    | 3    | Covered in full*; PV      |
| ORQUIDEA                                 | 1    | PA; Covered in full*; PV  |
| sharobel                                 | 1    | Covered in full*; PV      |
| SLYND                                    | 3    | Covered in full*; PV      |
| tulana                                   | 1    | Covered in full*; PV      |
| <b>CONTRACEPTIVE ORAL - QUADRAPHASIC</b> |      |                           |
| NATAZIA                                  | 3    | Covered in full*; PV      |
| rivelsa                                  | 1    | Covered in full*; PV      |
| ROSYRAH                                  | 1    | Covered in full*; PV      |

| Product Description                                                                                     | Tier | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------------------|------|---------------------------|
| <b>CONTRACEPTIVE ORAL - TRIPHASIC</b>                                                                   |      |                           |
| alyacen 7/7/7 (28)                                                                                      | 1    | Covered in full*; PV      |
| aranelle (28)                                                                                           | 1    | Covered in full*; PV      |
| caziant (28)                                                                                            | 1    | Covered in full*; PV      |
| dasetta 7/7/7 (28)                                                                                      | 1    | Covered in full*; PV      |
| enpresse                                                                                                | 1    | Covered in full*; PV      |
| levonest (28)                                                                                           | 1    | Covered in full*; PV      |
| levonorg-eth estrad triphasic                                                                           | 1    | Covered in full*; PV      |
| norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28) | 1    | Covered in full*; PV      |
| nortrel 7/7/7 (28)                                                                                      | 1    | Covered in full*; PV      |
| nylia 7/7/7 (28)                                                                                        | 1    | Covered in full*; PV      |
| tilia fe                                                                                                | 1    | Covered in full*; PV      |
| tri-estarylla                                                                                           | 1    | Covered in full*; PV      |
| tri-legest fe                                                                                           | 1    | Covered in full*; PV      |
| tri-linyah                                                                                              | 1    | Covered in full*; PV      |
| tri-lo-estarylla                                                                                        | 1    | Covered in full*; PV      |
| tri-lo-marzia                                                                                           | 1    | Covered in full*; PV      |
| tri-lo-mili                                                                                             | 1    | Covered in full*; PV      |
| tri-lo-sprintec                                                                                         | 1    | Covered in full*; PV      |
| tri-mili                                                                                                | 1    | Covered in full*; PV      |
| tri-sprintec (28)                                                                                       | 1    | Covered in full*; PV      |
| tri-vylibra                                                                                             | 1    | Covered in full*; PV      |
| tri-vylibra lo                                                                                          | 1    | Covered in full*; PV      |
| velivet triphasic regimen (28)                                                                          | 1    | Covered in full*; PV      |
| XARAH FE                                                                                                | 1    | Covered in full*; PV      |
| <b>CONTRACEPTIVE TRANSDERMAL COMBINATIONS - ESTROGEN AND PROGESTIN COMB.</b>                            |      |                           |
| norelgestromin-ethin.estradiol                                                                          | 1    | Covered in full*; PV      |
| TWIRLA                                                                                                  | 3    | Covered in full*; PV      |
| xulane                                                                                                  | 1    | Covered in full*; PV      |
| zafemy                                                                                                  | 1    | Covered in full*; PV      |
| <b>CONTRACEPTIVES - INTRAVAGINAL, SYSTEMIC - ESTROGEN AND PROGESTIN COMB.</b>                           |      |                           |
| ANNOVERA                                                                                                | 3    | Covered in full*; PV      |
| eluryng                                                                                                 | 1    | Covered in full*; PV      |
| enilloring                                                                                              | 1    | Covered in full*; PV      |
| etonogestrel-ethinyl estradiol                                                                          | 1    | Covered in full*; PV      |
| haloette                                                                                                | 1    | Covered in full*; PV      |
| <b>EMERGENCY CONTRACEPTIVES</b>                                                                         |      |                           |
| after pill                                                                                              | 1    | Covered in full*; PV      |
| AFTERA                                                                                                  | 3    | Covered in full*; PV      |
| econtra ez                                                                                              | 1    | Covered in full*; PV      |
| econtra one-step                                                                                        | 1    | Covered in full*; PV      |
| ELLA                                                                                                    | 3    | Covered in full*; PV      |
| levonorgestrel                                                                                          | 1    | Covered in full*; PV      |
| my choice                                                                                               | 1    | Covered in full*; PV      |
| my way                                                                                                  | 1    | Covered in full*; PV      |
| new day                                                                                                 | 1    | Covered in full*; PV      |
| opcicon one-step                                                                                        | 1    | Covered in full*; PV      |

| Product Description                                                    | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------------|------|---------------------------|
| option-2                                                               | 1    | Covered in full*; PV      |
| PLAN B ONE-STEP                                                        | 3    | Covered in full*; PV      |
| TAKE ACTION                                                            | 3    | Covered in full*; PV      |
| <b>EMERGENCY CONTRACEPTIVES - PROGESTERONE AGONIST/ANTAGONIST TYPE</b> |      |                           |
| ELLA                                                                   | 3    | Covered in full*; PV      |
| <b>EMERGENCY CONTRACEPTIVES - PROGESTIN TYPE</b>                       |      |                           |
| after pill                                                             | 1    | Covered in full*; PV      |
| AFTERA                                                                 | 3    | Covered in full*; PV      |
| econtra ez                                                             | 1    | Covered in full*; PV      |
| econtra one-step                                                       | 1    | Covered in full*; PV      |
| levonorgestrel                                                         | 1    | Covered in full*; PV      |
| my choice                                                              | 1    | Covered in full*; PV      |
| my way                                                                 | 1    | Covered in full*; PV      |
| new day                                                                | 1    | Covered in full*; PV      |
| opcicon one-step                                                       | 1    | Covered in full*; PV      |
| option-2                                                               | 1    | Covered in full*; PV      |
| PLAN B ONE-STEP                                                        | 3    | Covered in full*; PV      |
| TAKE ACTION                                                            | 3    | Covered in full*; PV      |
| <b>SPERMICIDES</b>                                                     |      |                           |
| VAGINAL CONTRACEPTIVE FILM                                             | 3    | Covered in full*          |
| VCF CONTRACEPTIVE GEL                                                  | 3    | Covered in full*          |
| <b>DERMATOLOGICAL</b>                                                  |      |                           |
| <b>ACNE THERAPY SYSTEMIC - RETINOIDS AND DERIVATIVES</b>               |      |                           |
| ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG                              | 3    |                           |
| AMNESTEEM                                                              | 3    |                           |
| CLARAVIS                                                               | 3    |                           |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg                   | 3    |                           |
| isotretinoin oral capsule 25 mg, 35 mg                                 | 3    | PA                        |
| ZENATANE                                                               | 3    |                           |
| <b>ACNE THERAPY TOPICAL - ANDROGEN RECEPTOR INHIBITORS</b>             |      |                           |
| WINLEVI                                                                | 3    | PA; QL                    |
| <b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE</b>                           |      |                           |
| CLINDACIN                                                              | 3    |                           |
| clindacin etz topical swab                                             | 1    |                           |
| clindacin p                                                            | 1    |                           |
| clindamycin phosphate topical gel (excluding generic for clindagel)    | 1    |                           |
| clindamycin phosphate topical lotion                                   | 3    |                           |
| clindamycin phosphate topical solution                                 | 1    |                           |
| clindamycin phosphate topical swab                                     | 1    |                           |
| dapsone topical gel 5 %                                                | 2    | QL                        |
| ery pads                                                               | 1    |                           |
| erythromycin with ethanol topical gel                                  | 1    |                           |
| erythromycin with ethanol topical solution                             | 1    |                           |
| sulfacetamide sodium (acne)                                            | 1    |                           |
| <b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE-KERATOLYTIC COMBINATIONS</b>  |      |                           |
| clind ph-benzoyl pero 1.2-2.5%                                         | 2    | QL                        |
| clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %          | 1    |                           |
| clindamycin-benzoyl peroxide topical gel 1-5 %                         | 2    | QL                        |

| Product Description                                                            | Tier | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------------|------|---------------------------|
| clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %                   | 2    | QL                        |
| clindamycin-benzoyl peroxide topical gel with pump 1-5 %                       | 3    | QL                        |
| erythromycin-benzoyl peroxide                                                  | 1    |                           |
| neuac                                                                          | 1    |                           |
| <b>ACNE THERAPY TOPICAL - RETINOID COMBINATIONS OTHER</b>                      |      |                           |
| adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %                     | 1    | QL                        |
| <b>ACNE THERAPY TOPICAL - RETINIDS AND DERIVATIVES</b>                         |      |                           |
| adapalene topical cream                                                        | 3    |                           |
| adapalene topical gel 0.3 %                                                    | 1    |                           |
| adapalene topical gel with pump                                                | 1    |                           |
| tretinoin topical cream                                                        | 1    |                           |
| tretinoin topical gel                                                          | 2    |                           |
| <b>ANTIPSORIATIC - VITAMIN D ANALOG - GLUCOCORTICOID COMBINATIONS</b>          |      |                           |
| calcipotriene-betamethasone                                                    | 1    | QL                        |
| <b>ANTIPSORIATIC AGENTS - INTERLEUKIN 12 AND IL-23 INHIBITORS, MC ANTIBODY</b> |      |                           |
| SELARSDI 45 MG/0.5 ML SYRINGE                                                  | 2    | PA; QL; S                 |
| SELARSDI 90 MG/ML SYRINGE                                                      | 2    | PA; QL; S                 |
| SELARSDI SUBCUTANEOUS SOLUTION                                                 | 2    | PA; QL; MS; S             |
| SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML                           | 2    | PA; QL; MS; S             |
| STELARA SUBCUTANEOUS                                                           | 2    | PA; QL; MS; S             |
| YESINTEK SUBCUTANEOUS                                                          | 2    | PA; QL; MS; S             |
| <b>ANTIPSORIATIC AGENTS - INTERLEUKIN-23 (IL-23) ANTAGONIST, MC ANTIBODY</b>   |      |                           |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR                                              | 2    | PA; QL; MS; S             |
| SKYRIZI SUBCUTANEOUS SYRINGE                                                   | 2    | PA; QL; MS; S             |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML                                | 2    | PA; QL; MS; S             |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML                                         | 2    | PA; QL; MS; S             |
| <b>ANTIPSORIATIC AGENTS - INTERLEUKIN-36 (IL-36) RECEPTOR ANTAGONIST, MC</b>   |      |                           |
| SPEVIGO SUBCUTANEOUS                                                           | 3    | PA; QL; MS; S             |
| <b>ANTIPSORIATIC AGENTS - TYROSINE KINASE 2 (TYK2) INHIBITOR</b>               |      |                           |
| SOTYKTU                                                                        | 2    | PA; QL; MS; S             |
| <b>ANTIPSORIATIC AGENTS-INTERLEUKIN-17 (IL-17) ANTAGONIST, MC ANTIBODY</b>     |      |                           |
| COSENTYX (2 SYRINGES)                                                          | 2    | PA; QL; MS; S             |
| COSENTYX PEN                                                                   | 2    | PA; QL; MS; S             |
| COSENTYX PEN (2 PENS)                                                          | 2    | PA; QL; MS; S             |
| COSENTYX SUBCUTANEOUS                                                          | 2    | PA; QL; MS; S             |
| COSENTYX UNOREADY PEN                                                          | 2    | PA; QL; MS; S             |
| <b>DERMATITIS - JANUS KINASE (JAK) INHIBITORS</b>                              |      |                           |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG                         | 2    | PA; QL; MS; S             |
| <b>DERMATITIS AGENTS,SYSTEMIC-IL-4 RECEPTOR ALPHA ANTAGONIST (IL-4RA) MAB</b>  |      |                           |
| DUPIXENT PEN                                                                   | 2    | PA; QL; MS; S             |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML              | 2    | PA; QL; MS; S             |
| <b>DERMATITIS OR ECZEMA AGENTS, TOPICAL - PHOSPHODIESTERASE-4 INHIBITORS</b>   |      |                           |
| EUCRISA 2% OINTMENT                                                            | 2    | ST; QL                    |

| Product Description                                                            | Tier | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------------|------|---------------------------|
| <b>DERMATOLOGICAL - ANTIBACTERIAL AMINOGLYCOSIDES</b>                          |      |                           |
| gentamicin topical                                                             | 1    |                           |
| <b>DERMATOLOGICAL - ANTIBACTERIAL OTHER</b>                                    |      |                           |
| mupirocin                                                                      | 1    |                           |
| <b>DERMATOLOGICAL - ANTIFUNGAL AMPHOTERIC POLYENE MACROLIDES</b>               |      |                           |
| nyamyc                                                                         | 1    |                           |
| nystatin topical                                                               | 1    |                           |
| nystop                                                                         | 1    |                           |
| <b>DERMATOLOGICAL - ANTIFUNGAL HYDROXYPYRIDINONE</b>                           |      |                           |
| ciclodan topical cream                                                         | 1    |                           |
| ciclodan topical solution                                                      | 1    | QL                        |
| ciclopirox topical cream                                                       | 1    |                           |
| ciclopirox topical gel                                                         | 1    |                           |
| ciclopirox topical shampoo                                                     | 1    |                           |
| ciclopirox topical solution                                                    | 1    | QL                        |
| ciclopirox topical suspension                                                  | 1    |                           |
| <b>DERMATOLOGICAL - ANTIFUNGAL IMIDAZOLE AND RELATED AGENTS</b>                |      |                           |
| clotrimazole 1% solution (rx)                                                  | 1    |                           |
| clotrimazole 1% topical cream (rx)                                             | 1    |                           |
| econazole nitrate topical cream                                                | 1    |                           |
| ketoconazole topical cream                                                     | 1    |                           |
| ketoconazole topical shampoo                                                   | 1    |                           |
| <b>DERMATOLOGICAL - ANTIFUNGAL OXABOROLE</b>                                   |      |                           |
| tavaborole                                                                     | 3    | QL                        |
| <b>DERMATOLOGICAL - ANTIFUNGAL-GLUCOCORTICOID COMBINATIONS</b>                 |      |                           |
| clotrimazole-betamethasone                                                     | 1    |                           |
| nystatin-triamcinolone                                                         | 1    |                           |
| <b>DERMATOLOGICAL - ANTINEOPLASTIC ALKYLATING AGENTS</b>                       |      |                           |
| VALCHLOR                                                                       | 3    | PA; QL; MS; S             |
| <b>DERMATOLOGICAL - ANTINEOPLASTIC ANTIMETABOLITES</b>                         |      |                           |
| CARAC                                                                          | 3    | PA                        |
| FLUOROURACIL TOPICAL CREAM 0.5 %                                               | 3    | PA                        |
| fluorouracil topical cream 5 %                                                 | 1    |                           |
| fluorouracil topical solution                                                  | 1    |                           |
| TOLAK                                                                          | 3    |                           |
| <b>DERMATOLOGICAL - ANTINEOPLASTIC OR PREMALIGN. LESIONS - ANTIMICROTUBULE</b> |      |                           |
| KLISYRI (250 MG)                                                               | 3    | PA; QL                    |
| KLISYRI (350 MG)                                                               | 3    | PA; QL                    |
| <b>DERMATOLOGICAL - ANTINEOPLASTIC OR PREMALIGNANT LESIONS - NSAID'S</b>       |      |                           |
| diclofenac sodium topical gel 3 %                                              | 3    | PA; QL                    |
| <b>DERMATOLOGICAL - ANTINEOPLASTIC SELECTIVE RETINOID X RECEPTOR AGONIST</b>   |      |                           |
| bexarotene topical                                                             | 1    | PA; QL; MS; S             |
| <b>DERMATOLOGICAL - ANTIPERSPIRANTS</b>                                        |      |                           |
| DRYSOL                                                                         | 3    |                           |
| DRYSOL DAB-O-MATIC                                                             | 3    |                           |
| <b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, PHOTSENSITIZING</b>         |      |                           |
| methoxsalen                                                                    | 1    |                           |

| Product Description                                                                         | Tier | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------|------|---------------------------|
| <b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, VITAMIN A DERIVATIVES</b>                |      |                           |
| acitretin                                                                                   | 1    | QL                        |
| <b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS TOPICAL</b>                                        |      |                           |
| calcipotriene scalp                                                                         | 1    | QL                        |
| calcipotriene topical cream                                                                 | 1    | QL                        |
| calcipotriene topical ointment                                                              | 1    | QL                        |
| calcitriol topical                                                                          | 1    | QL                        |
| tazarotene topical cream 0.1 %                                                              | 3    |                           |
| <b>DERMATOLOGICAL - ANTIPSORIATICS SYSTEMIC, PHOSPHODIESTERASE 4 INHIB.</b>                 |      |                           |
| OTEZLA                                                                                      | 2    | PA; QL; MS; S             |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | 2    | PA; QL; MS; S             |
| OTEZLA XR                                                                                   | 2    | PA; QL; MS; S             |
| OTEZLA XR INITIATION                                                                        | 2    | PA; QL; MS; S             |
| <b>DERMATOLOGICAL - ANTISEBORRHEIC</b>                                                      |      |                           |
| selenium sulfide topical lotion                                                             | 1    |                           |
| selenium sulfide topical shampoo 2.25 %                                                     | 1    |                           |
| <b>DERMATOLOGICAL - ANTIVIRAL, HERPES</b>                                                   |      |                           |
| acyclovir topical ointment                                                                  | 1    | QL                        |
| <b>DERMATOLOGICAL - BURN PRODUCTS ANTI-INFECTIVE</b>                                        |      |                           |
| mafenide acetate                                                                            | 1    |                           |
| silver sulfadiazine                                                                         | 1    |                           |
| ssd                                                                                         | 1    |                           |
| <b>DERMATOLOGICAL - CALCINEURIN INHIBITORS</b>                                              |      |                           |
| pimecrolimus                                                                                | 1    | QL                        |
| tacrolimus topical                                                                          | 1    | QL                        |
| <b>DERMATOLOGICAL - DEPIGMENTING COMBINATIONS</b>                                           |      |                           |
| TRI-LUMA                                                                                    | 3    | PA                        |
| <b>DERMATOLOGICAL - EMOLLIENTS</b>                                                          |      |                           |
| ammonium lactate 12% lotion (rx)                                                            | 1    |                           |
| <b>DERMATOLOGICAL - ENZYMES</b>                                                             |      |                           |
| SANTYL                                                                                      | 3    | QL                        |
| <b>DERMATOLOGICAL - GLUCOCORTICOID</b>                                                      |      |                           |
| ala-cort topical cream 1 %                                                                  | 1    |                           |
| alclometasone                                                                               | 1    |                           |
| betamethasone dipropionate                                                                  | 1    |                           |
| betamethasone valerate                                                                      | 1    |                           |
| betamethasone, augmented                                                                    | 1    |                           |
| clobetasol scalp                                                                            | 1    |                           |
| clobetasol topical cream 0.05 %                                                             | 1    |                           |
| clobetasol topical gel                                                                      | 1    |                           |
| clobetasol topical lotion                                                                   | 1    |                           |
| clobetasol topical ointment                                                                 | 1    |                           |
| clobetasol topical shampoo                                                                  | 1    |                           |
| clobetasol topical spray,non-aerosol                                                        | 1    |                           |
| clobetasol-emollient topical cream                                                          | 1    |                           |
| clodan                                                                                      | 1    |                           |
| desonide topical cream                                                                      | 1    |                           |

| Product Description                                                          | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------|------|---------------------------|
| desonide topical lotion                                                      | 3    |                           |
| desonide topical ointment                                                    | 1    |                           |
| desoximetasone topical cream                                                 | 1    |                           |
| desoximetasone topical gel                                                   | 1    |                           |
| desoximetasone topical ointment                                              | 1    |                           |
| fluocinolone                                                                 | 1    |                           |
| fluocinolone and shower cap                                                  | 1    |                           |
| fluocinonide                                                                 | 1    |                           |
| fluocinonide-e                                                               | 1    |                           |
| flurandrenolide                                                              | 1    |                           |
| fluticasone propionate topical cream                                         | 1    |                           |
| fluticasone propionate topical lotion                                        | 3    |                           |
| fluticasone propionate topical ointment                                      | 1    |                           |
| halobetasol propionate topical cream                                         | 1    |                           |
| halobetasol propionate topical ointment                                      | 1    |                           |
| hydrocortisone butyrate topical ointment                                     | 1    |                           |
| hydrocortisone butyrate topical solution                                     | 1    |                           |
| hydrocortisone topical cream 1 %, 2.5 %                                      | 1    |                           |
| hydrocortisone topical cream with perineal applicator                        | 1    |                           |
| hydrocortisone topical lotion 2.5 %                                          | 1    |                           |
| hydrocortisone topical ointment 1 %, 2.5 %                                   | 1    |                           |
| hydrocortisone valerate                                                      | 1    |                           |
| mometasone topical                                                           | 1    |                           |
| prednicarbate topical cream                                                  | 1    |                           |
| procto-med hc                                                                | 1    |                           |
| proctosol hc topical                                                         | 1    |                           |
| proctozone-hc                                                                | 1    |                           |
| scalacort                                                                    | 1    |                           |
| triamcinolone acetonide topical cream                                        | 1    |                           |
| triamcinolone acetonide topical lotion                                       | 1    |                           |
| triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %               | 1    |                           |
| triderm topical cream 0.5 %                                                  | 1    |                           |
| <b>DERMATOLOGICAL - IMMUNOMODULATOR - IMIDAZOQUINOLINAMINES</b>              |      |                           |
| imiquimod topical cream in packet 5 %                                        | 1    |                           |
| <b>DERMATOLOGICAL - IMMUNOMODULATOR - INTERFERONS</b>                        |      |                           |
| ALFERON N                                                                    | 3    |                           |
| <b>DERMATOLOGICAL - KERATOLYTIC-ANTIMITOTIC SINGLE AGENTS</b>                |      |                           |
| podofilox topical solution                                                   | 1    |                           |
| <b>DERMATOLOGICAL - LOCAL ANESTHETIC COMBINATIONS</b>                        |      |                           |
| lidocaine-prilocaine topical cream                                           | 1    |                           |
| <b>DERMATOLOGICAL - MAMMALIAN TARGET OF RAPAMYCIN (MTOR) INHIBITORS</b>      |      |                           |
| HYFTOR                                                                       | 3    | PA; QL; S                 |
| <b>DERMATOLOGICAL - NSAID SINGLE AGENTS</b>                                  |      |                           |
| diclofenac sodium topical drops                                              | 1    |                           |
| <b>DERMATOLOGICAL - RETINOIDS (VITAMIN A DERIVATIVES) - TOPICAL COSMETIC</b> |      |                           |
| tazarotene topical cream 0.1 %                                               | 3    |                           |

| Product Description                                     | Tier | Limits/Restrictions/Notes |
|---------------------------------------------------------|------|---------------------------|
| <b>DERMATOLOGICAL - ROSACEA THERAPY, TOPICAL</b>        |      |                           |
| brimonidine topical                                     | 3    | PA                        |
| metronidazole topical                                   | 1    |                           |
| rosadan topical cream                                   | 1    |                           |
| rosadan topical gel                                     | 1    |                           |
| <b>DERMATOLOGICAL - TOPICAL LOCAL ANESTHETIC AMIDES</b> |      |                           |
| glydo                                                   | 1    |                           |
| lidocaine hcl mucous membrane jelly in applicator       | 1    |                           |
| lidocaine topical adhesive patch,medicated 5 %          | 1    |                           |
| LIDOCAN III 5% PATCH INNER                              | 1    |                           |
| LIDOCAN III 5% PATCH OUTER                              | 1    |                           |
| LIDOCAN IV 5% PATCH INNER                               | 1    |                           |
| LIDOCAN IV 5% PATCH OUTER                               | 1    |                           |
| LIDOCAN V 5% PATCH INNER                                | 1    |                           |
| LIDOCAN V 5% PATCH OUTER                                | 1    |                           |
| lido-k                                                  | 1    |                           |
| lidopin topical cream 3 %                               | 1    |                           |
| <b>HAIR GROWTH AGENTS - KINASE INHIBITOR</b>            |      |                           |
| LEQSELVI                                                | 3    | PA; QL; MS; S             |
| <b>SCABICIDE AND PEDICULICIDE SINGLE AGENTS</b>         |      |                           |
| malathion                                               | 3    |                           |
| permethrin                                              | 1    |                           |
| SPINOSAD                                                | 3    |                           |
| <b>WOUND CARE COMBINATIONS OTHER</b>                    |      |                           |
| FILSUEVZ                                                | 3    | PA; QL; S                 |
| <b>DIAGNOSTIC AGENTS</b>                                |      |                           |
| <b>DIAGNOSTIC - BLOOD TEST OTHERS</b>                   |      |                           |
| FORA GTEL KETONE TEST STRIP                             | 3    | PV                        |
| NOVAMAX PLUS KETONE                                     | 3    | PV                        |
| PRECISION XTRA B-KETONE                                 | 2    | PV                        |
| <b>DIAGNOSTIC - MULTIPLE URINE TESTS</b>                |      |                           |
| CHEK-STIX CONTROL                                       | 3    | PV                        |
| CHEMSTRIP 10 MD                                         | 3    | PV                        |
| CHEMSTRIP 10/SG                                         | 3    | PV                        |
| CHEMSTRIP 2 GP                                          | 3    | PV                        |
| CHEMSTRIP 50B                                           | 3    | PV                        |
| CHEMSTRIP 7                                             | 3    | PV                        |
| CHEMSTRIP 9                                             | 3    | PV                        |
| COMBISTIX REAGENT                                       | 3    | PV                        |
| HEMA-COMBISTIX                                          | 3    | PV                        |
| LABSTIX REAGENT                                         | 3    | PV                        |
| MULTISTIX                                               | 3    | PV                        |
| MULTISTIX 10 SG                                         | 3    | PV                        |
| MULTISTIX 5                                             | 3    | PV                        |
| MULTISTIX 7                                             | 3    | PV                        |
| MULTISTIX 8 SG                                          | 3    | PV                        |
| MULTISTIX 9                                             | 3    | PV                        |
| MULTISTIX 9 SG                                          | 3    | PV                        |
| URISTIX 4                                               | 3    | PV                        |
| URISTIX REAGENT                                         | 3    | PV                        |

| Product Description                                                           | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|------|---------------------------|
| <b>DRUGS TO TREAT ERECTILE DYSFUNCTION</b>                                    |      |                           |
| <b>ERECTILE DYSFUNCTION (ED) DRUGS-SEL.CGMP PHOSPHODIESTERASE TYPE5 INHIB</b> |      |                           |
| sildenafil                                                                    | 3    | QL                        |
| tadalafil                                                                     | 3    | QL                        |
| varденаfil                                                                    | 3    | QL                        |
| <b>ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS</b>                               |      |                           |
| <b>AMINO ACID - CARNITINE DERIVATIVES</b>                                     |      |                           |
| ACTICARNITINE SF                                                              | 3    | PA                        |
| CYTO CARN                                                                     | 3    | PA                        |
| LEVOCARNITINE ORAL SOLUTION 1 GRAM/10 ML                                      | 3    | PA                        |
| levocarnitine oral tablet                                                     | 1    |                           |
| NEOKE ALCAR                                                                   | 3    | PA                        |
| <b>AMINO ACID - TYROSINE</b>                                                  |      |                           |
| TYROSINE ORAL PACKET                                                          | 3    | PA                        |
| <b>AMINO ACID-AMINO ACID COMBINATIONS, ORAL</b>                               |      |                           |
| COMPLETE AMINO ACID MIX                                                       | 3    | PA                        |
| NEOKE BCAA4                                                                   | 3    | PA                        |
| NUTRASENTIALS                                                                 | 3    | PA                        |
| <b>AMINO ACIDS, SINGLE INGREDIENT, ORAL (NON-INJECTABLE)</b>                  |      |                           |
| ARGININE (L-ARGININE) ORAL POWDER                                             | 3    | PA                        |
| ARGININE (L-ARGININE) ORAL POWDER IN PACKET 500 MG                            | 3    | PA                        |
| CITRULLINE 1000                                                               | 3    | PA                        |
| CYTOLLINE                                                                     | 3    | PA                        |
| glutamine (sickle cell)                                                       | 3    | PA; QL; MS; S             |
| GLUTASOLVE                                                                    | 3    | PA                        |
| GLYCINE ORAL POWDER                                                           | 3    | PA                        |
| GLYCINE ORAL POWDER IN PACKET                                                 | 3    | PA                        |
| ISOLEUCINE 1000                                                               | 3    | PA                        |
| L-CYSTINE                                                                     | 3    | PA                        |
| LEUCINE                                                                       | 3    | PA                        |
| METHIONINE                                                                    | 3    | PA                        |
| PHENYLALANINE                                                                 | 3    | PA                        |
| PURE L-CITRULLINE ORAL POWDER                                                 | 3    | PA                        |
| TYROSINE ORAL POWDER                                                          | 3    | PA                        |
| VALINE                                                                        | 3    | PA                        |
| VALINE 1000                                                                   | 3    | PA                        |
| VALINE AMINO ACID SUPPLEMENT                                                  | 3    | PA                        |
| <b>B-COMPLEX VITAMIN COMBINATIONS</b>                                         |      |                           |
| B COMPLEX 1 (WITH FOLIC ACID)                                                 | 1    | Covered in full age 11+*  |
| B COMPLEX-VITAMIN C-FOLIC ACID ORAL TABLET                                    | 1    | Covered in full age 11+*  |
| BALANCE B-50 (WITH FOLIC ACID)                                                | 1    | Covered in full age 11+*  |
| B-COMPLEX WITH VITAMIN C ORAL TABLET 400-500 MCG-MG                           | 1    | Covered in full age 11+*  |
| DIALYVITE 800 ORAL TABLET                                                     | 1    | Covered in full age 11+*  |
| FULL SPECTRUM B-VITAMIN C                                                     | 1    | Covered in full age 11+*  |
| KOBEE                                                                         | 1    | Covered in full age 11+*  |
| RENA-VITE                                                                     | 1    | Covered in full age 11+*  |
| STRESS FORMULA WITH IRON(SULF)                                                | 1    | Covered in full age 11+*  |
| SUPER QUINTS                                                                  | 1    | Covered in full age 11+*  |

| Product Description                                 | Tier | Limits/Restrictions/Notes |
|-----------------------------------------------------|------|---------------------------|
| <b>DIETARY PRODUCT - DIETARY SUPPLEMENTS</b>        |      |                           |
| ARGINAID                                            | 3    | PA                        |
| BABY'S ONLY ORG LACTORELIEF                         | 3    | PA                        |
| BABY'S ONLY ORGANIC DAIRY                           | 3    | PA                        |
| BABY'S ONLY ORGANIC DAIRY WHEY                      | 3    | PA                        |
| BABY'S ONLY ORGANIC SOY                             | 3    | PA                        |
| BENECALORIE                                         | 3    | PA                        |
| BOOST                                               | 3    | PA                        |
| BOOST BREEZE NUTRITIONAL                            | 3    | PA                        |
| BOOST HIGH PROTEIN ENERGY ORAL LIQUID VANILLA       | 3    | PA                        |
| BOOST HIGH PROTEIN ENERGY DRNK VANILLA              | 3    | PA                        |
| BOOST HIGH PROTEIN LIQUID CHOCOLATE                 | 3    | PA                        |
| BOOST HIGH PROTEIN LIQUID STRAWBERRY                | 3    | PA                        |
| BOOST HIGH PROTEIN LIQUID VERY VANILLA              | 3    | PA                        |
| boost high protein oral liquid 0.06 gram- 1 kcal/ml | 3    | PA                        |
| BOOST KID ESSENTIALS                                | 3    | PA                        |
| BOOST KID ESSENTIALS W-FIBER                        | 3    | PA                        |
| BOOST PLUS                                          | 3    | PA                        |
| BOOST VHC                                           | 3    | PA                        |
| BOOST WOMEN                                         | 3    | PA                        |
| BREAKFAST ESSENTIALS                                | 3    | PA                        |
| COMPLEAT PEDIATRIC                                  | 3    | PA                        |
| COMPLEAT PEDIATRIC REDUCED CAL                      | 3    | PA                        |
| CYTOTINE                                            | 3    | PA                        |
| DRY EYE OMEGA BENEFITS ORAL LIQUID                  | 3    | PA                        |
| DUOCAL                                              | 3    | PA                        |
| EGG-PRO                                             | 3    | PA                        |
| ENFAGROW TODDLER NEXT STEP                          | 3    | PA                        |
| ENFAGROW TODLR NXT STP NON-GMO                      | 3    | PA                        |
| ENSURE                                              | 3    | PA                        |
| ENSURE ACTIVE HEART HEALTH                          | 3    | PA                        |
| ENSURE ACTIVE HIGH PROTEIN                          | 3    | PA                        |
| ENSURE ACTIVE LIGHT                                 | 3    | PA                        |
| ENSURE ACTIVE MUSCLE HEALTH                         | 3    | PA                        |
| ENSURE ACTIVE PROTEIN-MUSCLE                        | 3    | PA                        |
| ENSURE CLEAR                                        | 3    | PA                        |
| ENSURE COMPACT                                      | 3    | PA                        |
| ENSURE COMPLETE                                     | 3    | PA                        |
| ENSURE ENLIVE                                       | 3    | PA                        |
| ENSURE HARVEST                                      | 3    | PA                        |
| ENSURE HIGH PROTEIN ORAL LIQUID                     | 3    | PA                        |
| ENSURE MAX PROTEIN                                  | 3    | PA                        |
| ENSURE MUSCLE HEALTH                                | 3    | PA                        |
| ENSURE ORIGINAL                                     | 3    | PA                        |
| ENSURE PLUS                                         | 3    | PA                        |
| ENSURE PLUS HIGH PROTEIN                            | 3    | PA                        |
| ENSURE PUDDING                                      | 3    | PA                        |
| EO28 SPLASH ORAL LIQUID                             | 3    | PA                        |
| HI-CAL                                              | 3    | PA                        |
| HIGH-PROTEIN NUTRITIONAL SHAKE                      | 3    | PA                        |

| Product Description                                  | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------|------|---------------------------|
| ISOSOURCE 1.5 CAL                                    | 3    | PA                        |
| ISOSOURCE HN                                         | 3    | PA                        |
| JEVITY 1 CAL                                         | 3    | PA                        |
| JEVITY 1.2 CAL                                       | 3    | PA                        |
| JEVITY 1.5 CAL                                       | 3    | PA                        |
| K-PAX IMMUNE BOOSTER                                 | 3    | PA                        |
| MONOGEN ORAL POWDER                                  | 3    | PA                        |
| NUTRA PRO HIGH PROTEIN                               | 3    | PA                        |
| NUTRAFIT                                             | 3    | PA                        |
| NUTRAFIT PLUS                                        | 3    | PA                        |
| NUTRITIONAL DRINK                                    | 3    | PA                        |
| NUTRITIONAL DRINK PLUS                               | 3    | PA                        |
| NUTRITIONAL SHAKE                                    | 3    | PA                        |
| NUTRITIONAL SHAKE PLUS                               | 3    | PA                        |
| ORGANIC PEDIASMA RT                                  | 3    | PA                        |
| PEDIASURE                                            | 3    | PA                        |
| PEDIASURE ENTERAL                                    | 3    | PA                        |
| PEDIASURE ENTERAL W/FIBER 1.0                        | 3    | PA                        |
| PEDIASURE GROW-GAIN                                  | 3    | PA                        |
| PEDIASURE GROW-GAIN ORGANIC                          | 3    | PA                        |
| PEDIASURE GROW-GAIN WITH FIBER                       | 3    | PA                        |
| PEDIASURE HARVEST                                    | 3    | PA                        |
| PEDIASURE REDUCED CALORIE                            | 3    | PA                        |
| PEDIASURE SHAKE MIX                                  | 3    | PA                        |
| PEDIASURE SIDEKICKS                                  | 3    | PA                        |
| PEDIASURE SIDEKICKS CLEAR                            | 3    | PA                        |
| PEDIASURE WITH FIBER                                 | 3    | PA                        |
| PROCEED PLUS                                         | 3    | PA                        |
| SIMILAC GO AND GROW NON-GMO                          | 3    | PA                        |
| SIMILAC GO AND GROW ORAL POWDER 4-8-16 GRAM/150 KCAL | 3    | PA                        |
| SIMILAC GO AND GROW SENSITIVE                        | 3    | PA                        |
| SIMILAC GO-GROW SENSTV NON-GMO                       | 3    | PA                        |
| TWOCAL HN                                            | 3    | PA                        |
| ULTRAMINO                                            | 3    | PA                        |
| <b>DIETARY PRODUCT - INFANT FORMULAS</b>             |      |                           |
| ADVANTAGE WITH IRON                                  | 3    | PA                        |
| ADVANTAGE WITH IRON NON-GMO                          | 3    | PA                        |
| ALFAMINO INFANT                                      | 3    | PA                        |
| BCAD 1                                               | 3    | PA                        |
| CALCILO XD                                           | 3    | PA                        |
| CYCLINEX-1                                           | 3    | PA                        |
| ELECARE INFANT FORMULA                               | 3    | PA                        |
| ENFAMIL 24                                           | 3    | PA                        |
| ENFAMIL A.R.                                         | 3    | PA                        |
| ENFAMIL ENSPIRE GENTLEASE                            | 3    | PA                        |
| ENFAMIL ENSPIRE INFANT FORMULA                       | 3    | PA                        |
| ENFAMIL GENTLEASE                                    | 3    | PA                        |
| ENFAMIL HUMAN MILK FORTIFIER ORAL LIQUID IN PACKET   | 3    | PA                        |
| ENFAMIL HUMAN MILK FORTIFIER ORAL POWDER IN PACKET   | 3    | PA                        |
| ENFAMIL INFANT                                       | 3    | PA                        |

| Product Description                                               | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------|------|---------------------------|
| ENFAMIL NEURO ENFACARE NON-GMO                                    | 3    | PA                        |
| ENFAMIL NEURO GENTLEASE NONGMO ORAL LIQUID                        | 3    | PA                        |
| ENFAMIL NEURO GENTLEASE NONGMO ORAL POWDER                        | 3    | PA                        |
| ENFAMIL NEURO SENSITIVE NONGMO                                    | 3    | PA                        |
| ENFAMIL NEUROPRO NON-GMO                                          | 3    | PA                        |
| ENFAMIL PREMATURE 20                                              | 3    | PA                        |
| ENFAMIL PREMATURE 24                                              | 3    | PA                        |
| ENFAMIL PREMATURE 30                                              | 3    | PA                        |
| ENFAMIL PROSOBEE                                                  | 3    | PA                        |
| ENFAMIL PROSOBEE LIPIL                                            | 3    | PA                        |
| ENFAMIL REGULINE                                                  | 3    | PA                        |
| ENFAPORT                                                          | 3    | PA                        |
| FORTINI INFANT                                                    | 3    | PA                        |
| GA-1 ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM   | 3    | PA                        |
| GENTLE INFANT FORMULA                                             | 3    | PA                        |
| GERBER EXTENSIVE HA                                               | 3    | PA                        |
| GERBER GOOD START GENTLE NOGMO                                    | 3    | PA                        |
| GERBER GOOD START GENTLEPRO                                       | 3    | PA                        |
| GERBER GOOD START SOY                                             | 3    | PA                        |
| GERBER GOOD START SOY NO-GMO                                      | 3    | PA                        |
| GERBER GOOD STR SOOTHPRO NOGMO                                    | 3    | PA                        |
| GERBER GS GNTLPR NOGMO(B.LACT)                                    | 3    | PA                        |
| GLUTAREX-1                                                        | 3    | PA                        |
| HCU ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM    | 3    | PA                        |
| HCY 1 POWDER                                                      | 3    | PA                        |
| HOMINEX-1                                                         | 3    | PA                        |
| INFANT FORMULA WITH IRON                                          | 3    | PA                        |
| ISOMIL ADVANCE                                                    | 3    | PA                        |
| ISOMIL DF                                                         | 3    | PA                        |
| ISOMIL/IRON                                                       | 3    | PA                        |
| IVA ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM    | 3    | PA                        |
| IVA ANAMIX NEXT                                                   | 3    | PA                        |
| I-VALEX-1                                                         | 3    | PA                        |
| KETONEX-1                                                         | 3    | PA                        |
| MMA-PA ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM | 3    | PA                        |
| MMA-PA ANAMIX NEXT                                                | 3    | PA                        |
| MSUD ANALOG                                                       | 3    | PA                        |
| MSUD ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM   | 3    | PA                        |
| NEOCATE INFANT DHA-ARA                                            | 3    | PA                        |
| NEOCATE SYNEO INFANT                                              | 3    | PA                        |
| NUTRAMIGEN DHA-ARA                                                | 3    | PA                        |
| NUTRAMIGEN TODDLER ENFLORA-LGG                                    | 3    | PA                        |
| NUTRAMIGEN WITH ENFLORA LGG                                       | 3    | PA                        |
| OA 1 POWDER                                                       | 3    | PA                        |
| PEPTICATE                                                         | 3    | PA                        |
| PFD TODDLER                                                       | 3    | PA                        |

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

| Product Description                                                           | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|------|---------------------------|
| XLYS- XTRP ANALOG                                                             | 3    | PA                        |
| XMET ANALOG                                                                   | 3    | PA                        |
| XMTVI ANALOG                                                                  | 3    | PA                        |
| XPHE, XTyr ANALOG                                                             | 3    | PA                        |
| XPTM ANALOG                                                                   | 3    | PA                        |
| <b>DILUENTS - STERILE WATER FOR INJECTION</b>                                 |      |                           |
| water for injection, sterile injection                                        | 1    |                           |
| <b>ELECTROLYTE DEPLETERS - ION EXCHANGE RESIN</b>                             |      |                           |
| kionex (with sorbitol)                                                        | 1    |                           |
| LOKELMA                                                                       | 2    | QL                        |
| sodium polystyrene sulfonate oral powder                                      | 1    |                           |
| sps (with sorbitol)                                                           | 1    |                           |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM                    | 2    | QL                        |
| <b>IRRIGATION SOLUTIONS</b>                                                   |      |                           |
| water for irrigation, sterile                                                 | 1    |                           |
| <b>MINERALS AND ELECTROLYTES - BICARBONATE PRODUCING OR CONTAINING AGENTS</b> |      |                           |
| sodium bicarbonate intravenous solution                                       | 1    |                           |
| <b>MINERALS AND ELECTROLYTES - IRON</b>                                       |      |                           |
| ACCRUFER                                                                      | 3    | PA; QL                    |
| <b>MINERALS AND ELECTROLYTES - POTASSIUM, ORAL</b>                            |      |                           |
| KLOR-CON                                                                      | 1    |                           |
| klor-con 10                                                                   | 1    |                           |
| klor-con 8                                                                    | 1    |                           |
| klor-con m10                                                                  | 1    |                           |
| klor-con m15                                                                  | 1    |                           |
| klor-con m20                                                                  | 1    |                           |
| potassium chloride oral capsule, extended release                             | 1    |                           |
| potassium chloride oral liquid                                                | 1    |                           |
| potassium chloride oral packet                                                | 1    |                           |
| potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq         | 1    |                           |
| POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ                        | 3    |                           |
| potassium chloride oral tablet,er particles/crystals                          | 1    |                           |
| <b>MULTIVITAMIN AND MINERAL COMBINATIONS</b>                                  |      |                           |
| folivane-ob                                                                   | 1    |                           |
| K-PAX                                                                         | 3    | PA                        |
| pnv-omega                                                                     | 1    | PV                        |
| taron-c dha                                                                   | 1    |                           |
| zatean-pn plus                                                                | 1    | PV                        |
| <b>MULTIVITAMINS</b>                                                          |      |                           |
| pnv-dha                                                                       | 1    | PV                        |
| prenatal-u                                                                    | 1    |                           |
| wescap-pn dha                                                                 | 1    | PV                        |
| zatean-pn dha                                                                 | 1    | PV                        |
| <b>NUTRITIONAL PRODUCT - CARBOHYDRATES, ORAL</b>                              |      |                           |
| ENFAMIL GLUCOSE                                                               | 3    | PA; PV                    |
| ENSURE PRE-SURGERY                                                            | 3    | PA                        |
| PREOP                                                                         | 3    | PA                        |
| SOL CARB                                                                      | 3    | PA                        |

| Product Description                                                        | Tier | Limits/Restrictions/Notes |
|----------------------------------------------------------------------------|------|---------------------------|
| <b>NUTRITIONAL PRODUCT - CHYLOTHORAX OR LCHAD SPECIFIC FORMULATION</b>     |      |                           |
| ENFAPORT                                                                   | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - GLUTARIC ACIDURIA TYPE 1 SPECIFIC FORMULATION</b> |      |                           |
| GA EXPRESS 15                                                              | 3    | PA                        |
| GA GEL                                                                     | 3    | PA                        |
| GA POWDER                                                                  | 3    | PA                        |
| GA-1 ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM            | 3    | PA                        |
| GLUTARADE AMINO ACID BLEND                                                 | 3    | PA                        |
| GLUTARADE GA-1                                                             | 3    | PA                        |
| GLUTARADE JUNIOR                                                           | 3    | PA                        |
| GLUTAREX-1                                                                 | 3    | PA                        |
| GLUTAREX-2                                                                 | 3    | PA                        |
| XLYS- XTRP ANALOG                                                          | 3    | PA                        |
| XLYS, XTRP MAXAMAID                                                        | 3    | PA                        |
| XLYS, XTRP MAXAMUM                                                         | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - GLYCOGEN STORAGE DISEASE SPECIFIC FORMULATION</b> |      |                           |
| GLYCOSADE ORAL POWDER IN PACKET 212 KCAL/60 GRAM                           | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - ISOVALERIC ACIDEMIA SPECIFIC FORMULATION</b>      |      |                           |
| IVA ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM             | 3    | PA                        |
| IVA ANAMIX NEXT                                                            | 3    | PA                        |
| IVA MAXAMUM                                                                | 3    | PA                        |
| I-VALEX-1                                                                  | 3    | PA                        |
| I-VALEX-2                                                                  | 3    | PA                        |
| LMD POWDER                                                                 | 3    | PA                        |
| XLEU ANALOG                                                                | 3    | PA                        |
| XLEU MAXAMAID                                                              | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - KETOGENIC FORMULATION</b>                         |      |                           |
| CYTO RALA                                                                  | 3    | PA                        |
| KETOCAL 2.5:1                                                              | 3    | PA                        |
| KETOCAL 3:1                                                                | 3    | PA                        |
| KETOCAL 4:1                                                                | 3    | PA                        |
| KETOCAL 4:1 (MILK-SOY)                                                     | 3    | PA                        |
| KETOVIE                                                                    | 3    | PA                        |
| KETOVIE 3:1                                                                | 3    | PA                        |
| KETOVIE PEPTIDE 4:1                                                        | 3    | PA                        |
| KETOVIE PLANT-BASED 4:1                                                    | 3    | PA                        |
| KETOVOLVE                                                                  | 3    | PA                        |
| NEOKE BCAA4                                                                | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - LIPID OTHERS</b>                                  |      |                           |
| DOJOLVI                                                                    | 3    | PA; QL; MS; S             |
| <b>NUTRITIONAL PRODUCT - MEDICAL CONDITION SPECIFIC FORMULATION</b>        |      |                           |
| CHOLEXTRA T-F                                                              | 3    | PA                        |
| glutamine (sickle cell)                                                    | 3    | PA; QL; MS; S             |
| <b>NUTRITIONAL PRODUCT - METHIONINE-FREE SPECIFIC FORMULATION</b>          |      |                           |
| HCU ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM             | 3    | PA                        |

| Product Description                                             | Tier | Limits/Restrictions/Notes |
|-----------------------------------------------------------------|------|---------------------------|
| HCU ANAMIX NEXT                                                 | 3    | PA                        |
| HCU EXPRESS15 PLUS                                              | 3    | PA                        |
| HCU EXPRESS20 PLUS                                              | 3    | PA                        |
| HCU GEL POWDER                                                  | 3    | PA                        |
| HCU LOPHLEX                                                     | 3    | PA                        |
| HCU MAXAMUM                                                     | 3    | PA                        |
| HCY 1 POWDER                                                    | 3    | PA                        |
| HCY 2                                                           | 3    | PA                        |
| HOMINEX-1                                                       | 3    | PA                        |
| HOMINEX-2                                                       | 3    | PA                        |
| METHIONAID                                                      | 3    | PA                        |
| XMET ANALOG                                                     | 3    | PA                        |
| XMET MAXAMAID                                                   | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - MSUD SPECIFIC FORMULATION</b>          |      |                           |
| ACERFLEX                                                        | 3    | PA                        |
| BCAD 1                                                          | 3    | PA                        |
| BCAD 2                                                          | 3    | PA                        |
| COMPLEX ESSENTIAL                                               | 3    | PA                        |
| COMPLEX JUNIOR MSD                                              | 3    | PA                        |
| COMPLEX MSD AMINO ACID BLEND ORAL POWDER 10-42 GRAM-KCAL/13 G   | 3    | PA                        |
| ISOLEUCINE 1000                                                 | 3    | PA                        |
| KETONEX-1                                                       | 3    | PA                        |
| KETONEX-2                                                       | 3    | PA                        |
| METHIONINE                                                      | 3    | PA                        |
| MSUD AID                                                        | 3    | PA                        |
| MSUD ANALOG                                                     | 3    | PA                        |
| MSUD ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM | 3    | PA                        |
| MSUD EXPRESS15 PLUS                                             | 3    | PA                        |
| MSUD EXPRESS20 PLUS                                             | 3    | PA                        |
| MSUD GEL POWDER                                                 | 3    | PA                        |
| MSUD LOPHLEX                                                    | 3    | PA                        |
| MSUD MAXAMAID                                                   | 3    | PA                        |
| MSUD MAXAMUM                                                    | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - NUTRITIONAL THERAPY</b>                |      |                           |
| ALFAMINO JUNIOR                                                 | 3    | PA                        |
| BCAD 1                                                          | 3    | PA                        |
| BOOST GLUCOSE CONTROL ORAL LIQUID 0.07-0.8 GRAM-KCAL/ML         | 3    | PA                        |
| BOOST MAX                                                       | 3    | PA                        |
| COMPLEAT                                                        | 3    | PA                        |
| COMPLEAT ORGANIC BLEND CHICKEN                                  | 3    | PA                        |
| COMPLEAT ORGANIC BLENDS PLANT                                   | 3    | PA                        |
| COMPLEAT PED ORG BLEND CHICKEN                                  | 3    | PA                        |
| COMPLEAT PED ORG BLENDS PLANT                                   | 3    | PA                        |
| COMPLEAT PEDIATRIC PEPTIDE 1.5                                  | 3    | PA                        |
| COMPLEAT PEPTIDE 1.5                                            | 3    | PA                        |
| DIABETISOURCE AC                                                | 3    | PA                        |
| ELECARE JR ORAL POWDER 14.3 GRAM-469 KCAL/100 GRAM              | 3    | PA                        |
| ENCALA                                                          | 3    | PA                        |

| Product Description                             | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------|------|---------------------------|
| ENSURE CLEAR THERAPEUTIC                        | 3    | PA                        |
| ENSURE PLANT-BASED PROTEIN                      | 3    | PA                        |
| ENSURE SURGERY                                  | 3    | PA                        |
| ENU NUTRITION SHAKE                             | 3    | PA                        |
| EO28 SPLASH ORAL LIQUID 0.025-1 GRAM-KCAL/ML    | 3    | PA                        |
| EQUACARE JR                                     | 3    | PA                        |
| ESSENTIAL CARE JR ORAL POWDER                   | 3    | PA                        |
| FIBERSOURCE HN                                  | 3    | PA                        |
| GLUCERNA 1 CAL                                  | 3    | PA                        |
| GLUCERNA 1.2 CAL                                | 3    | PA                        |
| GLUCERNA 1.5 CAL                                | 3    | PA                        |
| GLUCERNA ADVANCE                                | 3    | PA                        |
| GLUCERNA HUNGER SMART                           | 3    | PA                        |
| GLUCERNA SHAKE                                  | 3    | PA                        |
| GLUCERNA SNACK SHAKE                            | 3    | PA                        |
| GLUCERNA THERAPEUTIC NUTRITION                  | 3    | PA                        |
| GLUTAREX-1                                      | 3    | PA                        |
| GLUTAREX-2                                      | 3    | PA                        |
| IMPACT ADVANCED RECOVERY                        | 3    | PA                        |
| IMPACT PEPTIDE 1.5 CAL                          | 3    | PA                        |
| KATE FARMS GLUCOSE SUPPORT 1.2                  | 3    | PA                        |
| KATE FARMS PEDIATRIC PEPT 1.0                   | 3    | PA                        |
| KATE FARMS PEDIATRIC PEPT 1.5                   | 3    | PA                        |
| KATE FARMS PEDIATRIC STAND 1.2                  | 3    | PA                        |
| KATE FARMS PEPTIDE 1.0                          | 3    | PA                        |
| KATE FARMS PEPTIDE 1.5                          | 3    | PA                        |
| KATE FARMS RENAL SUPPORT 1.8                    | 3    | PA                        |
| KATE FARMS STANDARD 1.0                         | 3    | PA                        |
| KATE FARMS STANDARD 1.4                         | 3    | PA                        |
| MCT PRO-CAL                                     | 3    | PA                        |
| MONOGEN ORAL POWDER 12.9 GRAM-444 KCAL/100 GRAM | 3    | PA                        |
| NEOCATE JUNIOR                                  | 3    | PA                        |
| NEOCATE JUNIOR WITH PREBIOTICS                  | 3    | PA                        |
| NEOCATE NUTRA                                   | 3    | PA                        |
| NEOCATE SPLASH                                  | 3    | PA                        |
| NEPRO CARB STEADY                               | 3    | PA                        |
| NOVASOURCE RENAL 2 CAL                          | 3    | PA                        |
| NUTREN 1.0 WITH FIBER                           | 3    | PA                        |
| NUTREN 1.5                                      | 3    | PA                        |
| NUTREN 2.0                                      | 3    | PA                        |
| NUTREN JUNIOR                                   | 3    | PA                        |
| NUTREN JUNIOR FIBER                             | 3    | PA                        |
| OSMOLITE 1 CAL                                  | 3    | PA                        |
| OSMOLITE 1.2 CAL                                | 3    | PA                        |
| OSMOLITE 1.5 CAL                                | 3    | PA                        |
| OXEPA                                           | 3    | PA                        |
| PEDIASURE PEPTIDE 1.0 CAL                       | 3    | PA                        |
| PEDIASURE PEPTIDE 1.5 CAL                       | 3    | PA                        |
| PEPTAMEN                                        | 3    | PA                        |
| PEPTAMEN 1.5                                    | 3    | PA                        |

| Product Description                                                     | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------|------|---------------------------|
| PEPTAMEN 1.5 CAL WITH PREBIO1                                           | 3    | PA                        |
| PEPTAMEN AF                                                             | 3    | PA                        |
| PEPTAMEN INTENSE VHP                                                    | 3    | PA                        |
| PEPTAMEN JUNIOR                                                         | 3    | PA                        |
| PEPTAMEN JUNIOR 1.5                                                     | 3    | PA                        |
| PEPTAMEN JUNIOR FIBER                                                   | 3    | PA                        |
| PEPTAMEN JUNIOR HP                                                      | 3    | PA                        |
| PEPTAMEN JUNIOR PHGG                                                    | 3    | PA                        |
| PEPTAMEN W-PREBIO1                                                      | 3    | PA                        |
| PERATIVE                                                                | 3    | PA                        |
| PFD 2                                                                   | 3    | PA                        |
| PIVOT 1.5 CAL                                                           | 3    | PA                        |
| POLYCAL                                                                 | 3    | PA                        |
| PORTAGEN                                                                | 3    | PA                        |
| PROMOTE                                                                 | 3    | PA                        |
| PROMOTE WITH FIBER                                                      | 3    | PA                        |
| PROVIMIN                                                                | 3    | PA                        |
| PULMOCARE                                                               | 3    | PA                        |
| PURAMINO JR                                                             | 3    | PA                        |
| RENA STEP                                                               | 3    | PA                        |
| RENAMENT ORAL POWDER IN PACKET                                          | 3    | PA                        |
| SUPLENA CARB STEADY                                                     | 3    | PA                        |
| TOLEREX                                                                 | 3    | PA                        |
| ULTRIENT 1.5                                                            | 3    | PA                        |
| VITAL 1.0 CAL                                                           | 3    | PA                        |
| VITAL 1.5 CAL                                                           | 3    | PA                        |
| VITAL AF 1.2 CAL                                                        | 3    | PA                        |
| VITAL HIGH PROTEIN                                                      | 3    | PA                        |
| VITAL PEPTIDE 1.5 CAL                                                   | 3    | PA                        |
| VIVONEX PEDIATRIC ORAL POWDER IN PACKET                                 | 3    | PA                        |
| VIVONEX PLUS                                                            | 3    | PA                        |
| VIVONEX RTF                                                             | 3    | PA                        |
| VIVONEX T.E.N.                                                          | 3    | PA                        |
| XMET XCYS MAXAMAID                                                      | 3    | PA                        |
| XTRACAL PLUS                                                            | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - PHENYLKETONURIA (PKU) SPECIFIC FORMULATION</b> |      |                           |
| GLYTACTIN BETTERMILK 15-15                                              | 3    | PA                        |
| GLYTACTIN BUILD 10-10                                                   | 3    | PA                        |
| GLYTACTIN BUILD 20-20                                                   | 3    | PA                        |
| GLYTACTIN RESTORE 10 PE                                                 | 3    | PA                        |
| GLYTACTIN RESTORE 10 PE LITE                                            | 3    | PA                        |
| GLYTACTIN RESTORE 5 PE                                                  | 3    | PA                        |
| GLYTACTIN RTD 10 PE                                                     | 3    | PA                        |
| GLYTACTIN RTD 15 PE                                                     | 3    | PA                        |
| GLYTACTIN RTD LITE 15                                                   | 3    | PA                        |
| GLYTACTIN SWIRL 15 PE                                                   | 3    | PA                        |
| LANAFLEX                                                                | 3    | PA                        |
| LOPHLEX                                                                 | 3    | PA                        |
| PERIFLEX ADVANCE                                                        | 3    | PA                        |

| Product Description                                                                            | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------------------------|------|---------------------------|
| PERIFLEX INFANT                                                                                | 3    | PA                        |
| PERIFLEX JUNIOR                                                                                | 3    | PA                        |
| PERIFLEX LQ PKU                                                                                | 3    | PA                        |
| PHENEX-1                                                                                       | 3    | PA                        |
| PHENEX-2                                                                                       | 3    | PA                        |
| PHENYLADE 40                                                                                   | 3    | PA                        |
| PHENYLADE 60 ORAL POWDER 60-295 GRAM-KCAL/100G, 60-327 GRAM-KCAL/100 G                         | 3    | PA                        |
| PHENYLADE 60 ORAL POWDER IN PACKET                                                             | 3    | PA                        |
| PHENYLADE AMINO ACIDS                                                                          | 3    | PA                        |
| PHENYLADE ESSENTIAL (FLAX)                                                                     | 3    | PA                        |
| PHENYLADE GMP                                                                                  | 3    | PA                        |
| PHENYLADE GMP MIX-IN ORAL POWDER 80 GRAM-334 KCAL/100 GRAM                                     | 3    | PA                        |
| PHENYLADE GMP MIX-IN ORAL POWDER IN PACKET 80 GRAM-334 KCAL/100 GRAM                           | 3    | PA                        |
| PHENYLADE GMP READY                                                                            | 3    | PA                        |
| PHENYLADE GMP ULTRA ORAL POWDER IN PACKET 60 GRAM-295 KCAL/100 GRAM, 60 GRAM-321 KCAL/100 GRAM | 3    | PA                        |
| PHENYLADE MTE AMINO ACIDS ORAL POWDER 10-42 GRAM-KCAL/13 G                                     | 3    | PA                        |
| PHENYLADE MTE AMINO ACIDS ORAL POWDER IN PACKET                                                | 3    | PA                        |
| PHENYLADE PHEBLOC ORAL POWDER IN PACKET                                                        | 3    | PA                        |
| PHENYL-FREE 1                                                                                  | 3    | PA                        |
| PHENYL-FREE 2 PKU                                                                              | 3    | PA                        |
| PHENYL-FREE 2HP PKU                                                                            | 3    | PA                        |
| PHLEXY-10 DRINK MIX POWDER                                                                     | 3    | PA                        |
| PKU EXPRESS15 PLUS                                                                             | 3    | PA                        |
| PKU EXPRESS20 PLUS                                                                             | 3    | PA                        |
| PKU LOPHLEX                                                                                    | 3    | PA                        |
| PKU PERIFLEX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM                               | 3    | PA                        |
| PKU PERIFLEX JUNIOR PLUS                                                                       | 3    | PA                        |
| PKU SPHERE15                                                                                   | 3    | PA                        |
| PKU SPHERE20                                                                                   | 3    | PA                        |
| XPHE MAXAMAID                                                                                  | 3    | PA                        |
| XPHE MAXAMUM                                                                                   | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - PROPIONIC ACIDEMIA SPECIFIC FORMULATION</b>                           |      |                           |
| MMA-PA ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM                              | 3    | PA                        |
| MMA-PA ANAMIX NEXT                                                                             | 3    | PA                        |
| MMA-PA GEL                                                                                     | 3    | PA                        |
| MMA-PA MAXAMUM                                                                                 | 3    | PA                        |
| OA 1 POWDER                                                                                    | 3    | PA                        |
| OA2 POWDER                                                                                     | 3    | PA                        |
| PROPIMEX-1                                                                                     | 3    | PA                        |
| PROPIMEX-2                                                                                     | 3    | PA                        |
| XMTVI ANALOG                                                                                   | 3    | PA                        |
| XMTVI MAXAMAID                                                                                 | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - PROTEIN REPLACEMENTS</b>                                              |      |                           |
| BENEPROTEIN                                                                                    | 3    | PA                        |
| DECUB-AMINE                                                                                    | 3    | PA                        |

| Product Description                                                          | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------|------|---------------------------|
| ENSURE HIGH PROTEIN ORAL POWDER                                              | 3    | PA                        |
| G-PREPROTEIN                                                                 | 3    | PA                        |
| IMMULIFE                                                                     | 3    | PA                        |
| JUVEN                                                                        | 3    | PA                        |
| JUVEN (WITH COLLAGEN)                                                        | 3    | PA                        |
| LIQUACEL                                                                     | 3    | PA                        |
| LIQUID PROTEIN FORTIFIER                                                     | 3    | PA                        |
| LPS NEUTRAL FLAVOR                                                           | 3    | PA                        |
| NUTRITIONAL DRINK MIX                                                        | 3    | PA                        |
| PRE PROTEIN 20                                                               | 3    | PA                        |
| PRE-PROTEIN                                                                  | 3    | PA                        |
| PROCEL                                                                       | 3    | PA                        |
| PROCEL SINGLES                                                               | 3    | PA                        |
| PROMOD PROTEIN                                                               | 3    | PA                        |
| PROSOURCE                                                                    | 3    | PA                        |
| PROSOURCE NO CARB                                                            | 3    | PA                        |
| PROSOURCE PLUS                                                               | 3    | PA                        |
| PROSOURCE TF                                                                 | 3    | PA                        |
| PROSOURCE TF 20                                                              | 3    | PA                        |
| PROSOURCE ZAC                                                                | 3    | PA                        |
| PRO-STAT AWC                                                                 | 3    | PA                        |
| PRO-STAT MAX ORAL LIQUID                                                     | 3    | PA                        |
| PRO-STAT RENAL CARE                                                          | 3    | PA                        |
| PRO-STAT SUGAR FREE                                                          | 3    | PA                        |
| PROSYNMINIC                                                                  | 3    | PA                        |
| protein oral powder                                                          | 3    | PA                        |
| PROTEINEX                                                                    | 3    | PA                        |
| PROTEINEX-18                                                                 | 3    | PA                        |
| UNJURY ORAL POWDER                                                           | 3    | PA                        |
| WHEY PROTEIN                                                                 | 3    | PA                        |
| WHEY PROTEIN CONCENTRATE                                                     | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - SULFITE OXIDASE DEFICIENCY SPECIFIC FORMULATION</b> |      |                           |
| SOD ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM               | 3    | PA                        |
| XMET XCYS MAXAMAID                                                           | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - TYROSINEMIA SPECIFIC FORMULATION</b>                |      |                           |
| TYLACTIN BUILD 20 PE                                                         | 3    | PA                        |
| TYLACTIN RESTORE 10 PE                                                       | 3    | PA                        |
| TYLACTIN RESTORE 5 PE                                                        | 3    | PA                        |
| TYLACTIN RTD 15 PE                                                           | 3    | PA                        |
| TYR ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM               | 3    | PA                        |
| TYR ANAMIX NEXT                                                              | 3    | PA                        |
| TYR EXPRESS15 PLUS                                                           | 3    | PA                        |
| TYR EXPRESS20 PLUS                                                           | 3    | PA                        |
| TYR GEL POWDER                                                               | 3    | PA                        |
| TYR LOPHLEX                                                                  | 3    | PA                        |
| TYR LOPHLEX GMP MIX-IN                                                       | 3    | PA                        |
| TYREX-1                                                                      | 3    | PA                        |

| Product Description                                                   | Tier | Limits/Restrictions/Notes             |
|-----------------------------------------------------------------------|------|---------------------------------------|
| TYREX-2                                                               | 3    | PA                                    |
| TYROS 1                                                               | 3    | PA                                    |
| TYROS 2                                                               | 3    | PA                                    |
| XPHE, XTRP MAXAMAID                                                   | 3    | PA                                    |
| XPHE, XTyr ANALOG                                                     | 3    | PA                                    |
| XPTM ANALOG                                                           | 3    | PA                                    |
| <b>NUTRITIONAL PRODUCT - UREA CYCLE DISORDER SPECIFIC FORMULATION</b> |      |                                       |
| CYCLINEX-1                                                            | 3    | PA                                    |
| CYCLINEX-2                                                            | 3    | PA                                    |
| ESSENTIAL AMINO ACID MIX                                              | 3    | PA                                    |
| UCD ANAMIX JUNIOR                                                     | 3    | PA                                    |
| WND 1                                                                 | 3    | PA                                    |
| WND 2                                                                 | 3    | PA                                    |
| <b>PEDIATRIC VITAMINS WITH FLUORIDE COMBINATIONS</b>                  |      |                                       |
| FLORIVA                                                               | 3    | Covered in full age 16 and under*; PV |
| FLORIVA (FLUORIDE-VITAMIN D3)                                         | 3    | Covered in full age 16 and under*     |
| FLORIVA PLUS                                                          | 3    | Covered in full age 16 and under*     |
| MULTI-VITAMIN WITH FLUORIDE                                           | 1    | Covered in full age 16 and under*     |
| MVC-FLUORIDE                                                          | 1    | Covered in full age 16 and under*     |
| TRI-VITAMIN WITH FLUORIDE                                             | 1    | Covered in full age 16 and under*     |
| TRI-VITE WITH FLUORIDE                                                | 1    | Covered in full age 16 and under*     |
| VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.5 MG FLUORIDE (1.1 MG)/ML    | 1    | Covered in full age 16 and under*     |
| <b>PRENATAL VITAMINS AND MINERALS</b>                                 |      |                                       |
| bal-care dha                                                          | 1    | PV                                    |
| CLASSIC PRENATAL                                                      | 1    | Covered in full age 11+*; PV          |
| c-nate dha                                                            | 1    | PV                                    |
| complete natal dha                                                    | 1    | PV                                    |
| m-natal plus                                                          | 1    | PV                                    |
| mynatal                                                               | 1    | PV                                    |
| mynatal plus                                                          | 1    | PV                                    |
| mynatal-z                                                             | 1    | PV                                    |
| NEO-VITAL RX                                                          | 1    | PV                                    |
| newgen                                                                | 1    | PV                                    |
| ONE NATAL RX                                                          | 1    | PV                                    |
| pnv no.95-ferrous fumarate-fa                                         | 1    |                                       |
| pnv-select                                                            | 1    | PV                                    |
| pr natal 400                                                          | 1    | PV                                    |
| pr natal 400 ec                                                       | 1    | PV                                    |
| pr natal 430                                                          | 1    | PV                                    |
| pr natal 430 ec                                                       | 1    | PV                                    |
| prenatabs fa                                                          | 1    | PV                                    |
| prenatabs rx                                                          | 1    | PV                                    |
| PRENATAL COMPLETE                                                     | 1    | Covered in full age 11+*; PV          |
| PRENATAL MULTI-DHA (ALGAL OIL)                                        | 1    | Covered in full age 11+*; PV          |
| PRENATAL MULTIVITAMINS                                                | 1    | Covered in full age 11+*; PV          |
| PRENATAL ONE DAILY                                                    | 1    | Covered in full age 11+*; PV          |
| PRENATAL ORAL TABLET 28 MG IRON- 800 MCG                              | 1    | Covered in full age 11+*; PV          |
| prenatal plus                                                         | 1    | PV                                    |

| Product Description                                              | Tier | Limits/Restrictions/Notes    |
|------------------------------------------------------------------|------|------------------------------|
| prenatal plus (calcium carb)                                     | 1    | PV                           |
| PRENATAL TABLET                                                  | 1    | Covered in full age 11+*; PV |
| PRENATAL VIT NO.179-IRON-FOLIC                                   | 1    | Covered in full age 11+*; PV |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG                  | 1    | Covered in full age 11+*; PV |
| prenatal vitamin plus low iron                                   | 1    | PV                           |
| PRENATAL VITAMIN WITH MINERALS                                   | 1    |                              |
| PRENATAL VIT-IRON FUM-FOLIC AC                                   | 1    | Covered in full age 11+*; PV |
| se-natal 19                                                      | 1    | PV                           |
| se-natal 19 chewable                                             | 1    | PV                           |
| trinatal rx 1                                                    | 1    | PV                           |
| trinate                                                          | 1    | PV                           |
| wesnata dha complete                                             | 1    | PV                           |
| wesnate dha                                                      | 1    | PV                           |
| westab plus                                                      | 1    | PV                           |
| <b>VITAMINS - B PREPARATION COMBINATIONS</b>                     |      |                              |
| zingiber                                                         | 1    |                              |
| <b>VITAMINS - B-12, CYANOCOBALAMIN AND DERIVATIVES</b>           |      |                              |
| cyanocobalamin (vitamin b-12) injection                          | 1    |                              |
| dodex                                                            | 1    |                              |
| <b>VITAMINS - B-6, PYRIDOXINE AND DERIVATIVES</b>                |      |                              |
| pyridoxine (vitamin b6) injection                                | 1    |                              |
| <b>VITAMINS - D DERIVATIVES</b>                                  |      |                              |
| calcitriol oral                                                  | 1    |                              |
| ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit) | 1    |                              |
| <b>VITAMINS - FOLIC ACID AND DERIVATIVES</b>                     |      |                              |
| folic acid injection                                             | 1    |                              |
| folic acid oral tablet 1 mg                                      | 1    |                              |
| FOLIC ACID ORAL TABLET 400 MCG, 800 MCG                          | 1    | QL; Covered in full age 11+* |
| <b>VITAMINS - K, PHYTONADIONE AND DERIVATIVES</b>                |      |                              |
| phytonadione (vitamin k1) oral tablet 5 mg                       | 1    |                              |
| <b>ENDOCRINE</b>                                                 |      |                              |
| <b>ABORTIFACIENTS- PROGESTERONE RECEPTOR ANTAGONIST</b>          |      |                              |
| mifepristone oral tablet 200 mg                                  | 1    | PV                           |
| <b>ADRENAL STEROID INHIBITORS</b>                                |      |                              |
| ISTURISA ORAL TABLET 1 MG, 5 MG                                  | 3    | PA; QL; S                    |
| RECORLEV                                                         | 3    | PA; QL; S                    |
| <b>ADRENOCORTICOTROPHIC HORMONES</b>                             |      |                              |
| ACTHAR                                                           | 3    | PA; QL; MS; S                |
| ACTHAR SELFJECT                                                  | 3    | PA; QL; MS; S                |
| CORTROPHIN GEL INJECTION                                         | 3    | PA; QL; MS; S                |
| CORTROPHIN GEL SUBCUTANEOUS SYRINGE 80 UNIT/ML                   | 3    | PA; QL; MS; S                |
| <b>AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)</b>             |      |                              |
| BAQSIMI                                                          | 2    | QL; PV                       |
| dex4 glucose bits                                                | 1    | PV                           |
| DEX4 GLUCOSE ORAL GEL IN PACKET                                  | 3    | PV                           |
| DEX4 GLUCOSE ORAL LIQUID                                         | 3    | PV                           |
| dex4 glucose oral tablet,chewable                                | 1    | PV                           |
| dex4 glucose pouch pack                                          | 1    | PV                           |
| dex4 glucose quick dissolve                                      | 1    | PV                           |
| DEXTROSE ORAL LIQUID                                             | 3    | PV                           |

| Product Description                                                                                                                    | Tier | Limits/Restrictions/Notes |
|----------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| GLUCAGON (HCL) EMERGENCY KIT                                                                                                           | 2    | QL                        |
| glucagon emergency kit (human)                                                                                                         | 1    | QL; PV                    |
| GLUCO SHOT                                                                                                                             | 3    | PV                        |
| glucose bits                                                                                                                           | 1    | PV                        |
| glucose gel                                                                                                                            | 1    | PV                        |
| glucose oral tablet,chewable 3.75 gram, 4 gram                                                                                         | 1    | PV                        |
| GLUTOSE-15                                                                                                                             | 3    | PV                        |
| GLUTOSE-45                                                                                                                             | 3    | PV                        |
| GLUTOSE-5                                                                                                                              | 3    | PV                        |
| GVOKE                                                                                                                                  | 2    | QL; PV                    |
| GVOKE HYPOPEN 1-PACK                                                                                                                   | 2    | QL; PV                    |
| GVOKE HYPOPEN 2-PACK                                                                                                                   | 2    | QL; PV                    |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML                                                                              | 2    | QL; PV                    |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML                                                                              | 2    | QL; PV                    |
| INSTA-GLUCOSE (WITH DEXTRIN)                                                                                                           | 3    | PV                        |
| RELION GLUCOSE 15 GRAM LIQUID SHOT ORANGE, GLUTEN-FREE                                                                                 | 3    |                           |
| RELION GLUCOSE ORAL LIQUID 15-400 GRAM-UNIT/60 ML                                                                                      | 1    | PV                        |
| TRUEPLUS GLUCOSE ORAL GEL IN PACKET                                                                                                    | 3    | PV                        |
| TRUEPLUS GLUCOSE ORAL LIQUID                                                                                                           | 3    | PV                        |
| TRUEPLUS GLUCOSE ORAL TABLET,CHEWABLE 3.75 GRAM                                                                                        | 3    | PV                        |
| <b>AMYLOIDOSIS AGENTS- TRANSTHYRETIN (TTR) STABILIZER</b>                                                                              |      |                           |
| ATTRUBY                                                                                                                                | 3    | PA; QL; S                 |
| VYNDAMAX                                                                                                                               | 3    | PA; QL; MS; S             |
| VYNDAQEL                                                                                                                               | 3    | PA; QL; MS; S             |
| <b>AMYLOIDOSIS AGENTS-TTR SUPPRESSION, ANTISENSE OLIGONUCLEOTIDE-BASED</b>                                                             |      |                           |
| WAINUA                                                                                                                                 | 3    | PA; QL; S                 |
| <b>ANDROGEN - SINGLE AGENTS</b>                                                                                                        |      |                           |
| AZMIRO                                                                                                                                 | 3    |                           |
| METHITEST                                                                                                                              | 3    |                           |
| methylestosterone oral capsule                                                                                                         | 3    |                           |
| NATESTO                                                                                                                                | 3    | QL                        |
| TESTOSTERONE 50 MG/5 GRAM PKT INNER                                                                                                    | 3    |                           |
| TESTOSTERONE 50 MG/5 GRAM PKT (UPSHER-SMITH)                                                                                           | 3    |                           |
| testosterone cypionate                                                                                                                 | 1    |                           |
| testosterone enanthate                                                                                                                 | 1    |                           |
| testosterone transdermal gel                                                                                                           | 3    |                           |
| testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %)                                  | 3    |                           |
| testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)                                                          | 1    |                           |
| testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram) | 3    |                           |
| testosterone transdermal solution in metered pump w/app                                                                                | 3    |                           |
| XYOSTED                                                                                                                                | 3    | QL                        |
| <b>ANTIDIURETIC AND VASOPRESSOR HORMONES</b>                                                                                           |      |                           |
| desmopressin injection                                                                                                                 | 1    | MS; S                     |
| desmopressin nasal spray with pump                                                                                                     | 1    |                           |
| desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)                                                                             | 1    |                           |
| desmopressin oral                                                                                                                      | 1    |                           |

| Product Description                                                                                           | Tier | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <b>ANTIHYPERGLYCEMIC - ALPHA-GLUCOSIDASE INHIBITORS</b>                                                       |      |                           |
| acarbose                                                                                                      | 1    | PV                        |
| miglitol                                                                                                      | 3    | PV                        |
| <b>ANTIHYPERGLYCEMIC - DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>                                          |      |                           |
| saxagliptin                                                                                                   | 3    | QL; PV                    |
| TRADJENTA                                                                                                     | 2    | QL; PV                    |
| <b>ANTIHYPERGLYCEMIC - DUAL GIP AND GLP-1 RECEPTOR AGONISTS</b>                                               |      |                           |
| MOUNJARO                                                                                                      | 2    | PA; QL; PV                |
| <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) | 2    | PA; QL; PV                |
| RYBELSUS                                                                                                      | 2    | PA; QL; PV                |
| TRULICITY                                                                                                     | 2    | PA; QL; PV                |
| <b>ANTIHYPERGLYCEMIC - GLUCOCORTICOID (CORTISOL) RECEPTOR BLOCKER (GR-II)</b>                                 |      |                           |
| mifepristone oral tablet 300 mg                                                                               | 2    | PA; QL; MS; S             |
| <b>ANTIHYPERGLYCEMIC - MEGLITINIDE ANALOGS</b>                                                                |      |                           |
| nateglinide                                                                                                   | 1    | PV                        |
| repaglinide                                                                                                   | 1    | PV                        |
| <b>ANTIHYPERGLYCEMIC - SGLT-2 INHIBITOR AND BIGUANIDE COMBINATIONS</b>                                        |      |                           |
| XIGDUO XR                                                                                                     | 2    | QL; PV                    |
| <b>ANTIHYPERGLYCEMIC - SGLT-2 INHIBITOR AND DPP-4 INHIBITOR COMBINATIONS</b>                                  |      |                           |
| GLYXAMBI                                                                                                      | 2    | QL; PV                    |
| <b>ANTIHYPERGLYCEMIC - SODIUM GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b>                                  |      |                           |
| FARXIGA                                                                                                       | 2    | QL; PV                    |
| <b>ANTIHYPERGLYCEMIC - SULFONYLUREA AND BIGUANIDE COMBINATIONS</b>                                            |      |                           |
| glipizide-metformin                                                                                           | 1    | PV                        |
| glyburide-metformin                                                                                           | 1    | PV                        |
| <b>ANTIHYPERGLYCEMIC - SULFONYLUREA DERIVATIVES</b>                                                           |      |                           |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg                                                                      | 1    | PV                        |
| glipizide oral tablet 10 mg, 5 mg                                                                             | 1    | PV                        |
| GLIPIZIDE ORAL TABLET 2.5 MG                                                                                  | 3    | PV                        |
| glipizide oral tablet extended release 24hr                                                                   | 1    | PV                        |
| glyburide                                                                                                     | 1    | PV                        |
| glyburide micronized                                                                                          | 1    | PV                        |
| <b>ANTIHYPERGLYCEMIC - THIAZOLIDINEDIONE AND BIGUANIDE COMBINATIONS</b>                                       |      |                           |
| pioglitazone-metformin                                                                                        | 3    | PV                        |
| <b>ANTIHYPERGLYCEMIC - THIAZOLIDINEDIONE AND SULFONYLUREA COMBINATIONS</b>                                    |      |                           |
| pioglitazone-glimepiride oral tablet 30-2 mg                                                                  | 3    | QL; PV                    |
| pioglitazone-glimepiride oral tablet 30-4 mg                                                                  | 1    | QL; PV                    |
| <b>ANTIHYPERGLYCEMIC-DIPEPTIDYL PEPTIDASE-4(DPP-4)INHIBITOR AND BIGUANIDE</b>                                 |      |                           |
| JENTADUETO                                                                                                    | 2    | QL; PV                    |
| JENTADUETO XR                                                                                                 | 2    | QL; PV                    |
| saxagliptin-metformin                                                                                         | 3    | QL; PV                    |

| Product Description                                                           | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|------|---------------------------|
| <b>ANTIHYPERGLYCEMIC-INSULIN, LONG ACTING AND GLP-1 RECEPTOR AGONIST COMB</b> |      |                           |
| SOLIQUA 100/33                                                                | 2    | QL; PV                    |
| XULTOPHY 100/3.6                                                              | 2    | QL; PV                    |
| <b>ANTIHYPERGLYCEMIC-SGLT-2 INHIBITOR, DPP-4 INHIBITOR AND BIGUANIDE COMB</b> |      |                           |
| TRIJARDY XR                                                                   | 2    | PV                        |
| <b>ANTITHYROID AGENTS, THIONAMIDES - IMIDAZOLE DERIVATIVES</b>                |      |                           |
| methimazole oral tablet 10 mg, 5 mg                                           | 1    |                           |
| <b>ANTITHYROID AGENTS, THIONAMIDES - THIOURACIL DERIVATIVES</b>               |      |                           |
| propylthiouracil                                                              | 1    |                           |
| <b>BONE FORMATION STIMULATING AGENTS - NATRIURETIC PEPTIDE</b>                |      |                           |
| VOXZOGO                                                                       | 3    | PA; QL; MS; S             |
| <b>BONE FORMATION STIMULATING AGENTS - PARATHYROID HORMONE REL PEPTIDES</b>   |      |                           |
| TYMLOS                                                                        | 2    | PA; QL; MS; S; PV         |
| <b>BONE RESORPTION INHIBITORS - BISPHOSPHONATES</b>                           |      |                           |
| alendronate oral solution                                                     | 3    | PV                        |
| alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg                             | 1    | QL; PV                    |
| ibandronate oral                                                              | 1    | QL; PV                    |
| risedronate oral tablet 150 mg, 35 mg                                         | 1    | QL; PV                    |
| risedronate oral tablet 5 mg                                                  | 3    | QL; PV                    |
| risedronate oral tablet,delayed release (dr/ec)                               | 3    | QL; PV                    |
| <b>CALCIMIMETIC, PARATHYROID CALCIUM RECEPTOR SENSITIVITY ENHANCER</b>        |      |                           |
| cinacalcet                                                                    | 1    |                           |
| <b>CALCITONINS</b>                                                            |      |                           |
| calcitonin (salmon) nasal                                                     | 1    |                           |
| <b>CORTICOTROPIN-RELEASING FACTOR (CRF) TYPE 1 RECEPTOR ANTAGONISTS</b>       |      |                           |
| CRENESSITY                                                                    | 3    | PA; QL; S                 |
| <b>ESTROGEN AND SELECTIVE ESTROGEN RECEPTOR MODULATOR (SERM) COMBINATIONS</b> |      |                           |
| DUAVEE                                                                        | 2    |                           |
| <b>ESTROGEN-ANDROGEN</b>                                                      |      |                           |
| eemt                                                                          | 1    |                           |
| eemt hs                                                                       | 1    |                           |
| estrogens-methyltestosterone                                                  | 1    |                           |
| <b>ESTROGEN-PROGESTIN</b>                                                     |      |                           |
| ABIGALE                                                                       | 1    |                           |
| ABIGALE LO                                                                    | 1    |                           |
| CLIMARA PRO                                                                   | 2    |                           |
| estradiol-norethindrone acet                                                  | 1    |                           |
| fyavolv                                                                       | 1    |                           |
| jinteli                                                                       | 1    |                           |
| mimvey                                                                        | 1    |                           |
| norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg         | 1    |                           |
| PREMPHASE                                                                     | 2    |                           |
| PREMPRO                                                                       | 2    |                           |
| <b>ESTROGENS</b>                                                              |      |                           |
| dotti                                                                         | 1    |                           |

| Product Description                                                    | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------------|------|---------------------------|
| estradiol oral                                                         | 1    |                           |
| estradiol transdermal patch semiweekly                                 | 1    |                           |
| estradiol transdermal patch weekly                                     | 1    | QL                        |
| estradiol valerate                                                     | 1    |                           |
| EVAMIST                                                                | 2    |                           |
| lyllana                                                                | 1    |                           |
| PREMARIN ORAL                                                          | 2    |                           |
| <b>FERTILITY ENHANCER - LUTEAL PHASE SUPPORTING, PROGESTERONE-TYPE</b> |      |                           |
| CRINONE VAGINAL GEL 8 %                                                | 3    | S                         |
| ENDOMETRIN                                                             | 2    | PA; S                     |
| progesterone micronized vaginal                                        | 1    | PA; S                     |
| <b>FERTILITY ENHANCER - OVULATION STIMULANT - SYNTHETIC (NON-FSH)</b>  |      |                           |
| clomid                                                                 | 1    |                           |
| clomiphene citrate                                                     | 1    |                           |
| MILOPHENE                                                              | 1    |                           |
| <b>FOLLICLE-STIMULATING AND LUTEINIZING HORMONES</b>                   |      |                           |
| MENOPUR                                                                | 3    | PA; MS; S                 |
| <b>FOLLICLE-STIMULATING HORMONE (FSH)</b>                              |      |                           |
| GONAL-F                                                                | 2    | PA; QL; MS; S             |
| GONAL-F RFF                                                            | 2    | PA; QL; MS; S             |
| GONAL-F RFF REDI-JECT                                                  | 2    | PA; QL; MS; S             |
| <b>GLUCOCORTICOIDS</b>                                                 |      |                           |
| AGAMREE                                                                | 3    | PA; QL; S                 |
| ALKINDI SPRINKLE                                                       | 3    | PA; QL                    |
| cortisone                                                              | 1    |                           |
| deflazacort oral suspension                                            | 3    | PA; QL; MS; S             |
| deflazacort oral tablet                                                | 2    | PA; QL; MS; S             |
| dexamethasone oral elixir                                              | 1    |                           |
| dexamethasone oral solution                                            | 1    |                           |
| dexamethasone oral tablet                                              | 1    |                           |
| hydrocortisone oral                                                    | 1    |                           |
| methylprednisolone                                                     | 1    |                           |
| methylprednisolone acetate                                             | 1    |                           |
| prednisolone oral solution                                             | 1    |                           |
| prednisolone sodium phosphate oral                                     | 1    |                           |
| prednisone                                                             | 1    |                           |
| prednisone intensol                                                    | 1    |                           |
| TARPEYO                                                                | 3    | PA; QL; S                 |
| <b>GONADOTROPIN INHIBITOR PITUITARY SUPPRESSANTS</b>                   |      |                           |
| danazol                                                                | 1    |                           |
| <b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>                             |      |                           |
| SOMAVERT                                                               | 3    | PA; QL; MS; S             |
| <b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>                        |      |                           |
| EGRIFTA SV                                                             | 3    | PA; QL; MS; S             |
| EGRIFTA WR                                                             | 3    | PA; QL; MS; S             |
| <b>GROWTH HORMONES</b>                                                 |      |                           |
| OMNITROPE                                                              | 2    | PA; MS; S                 |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG                      | 3    | PA; QL; MS; S             |

| Product Description                                                          | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------|------|---------------------------|
| <b>HUMAN CHORIONIC GONADOTROPIN (HCG)</b>                                    |      |                           |
| NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT                                  | 2    | PA; QL; MS; S             |
| PREGNYL                                                                      | 2    | PA; QL; MS; S             |
| <b>HUMAN INSULINS - FIXED COMBINATIONS</b>                                   |      |                           |
| HUMULIN 70/30 U-100 INSULIN                                                  | 2    | PV                        |
| HUMULIN 70/30 U-100 KWIKPEN                                                  | 2    | PV                        |
| <b>HUMAN INSULINS - INTERMEDIATE ACTING</b>                                  |      |                           |
| HUMULIN N NPH INSULIN KWIKPEN                                                | 2    | PV                        |
| HUMULIN N NPH U-100 INSULIN                                                  | 2    | PV                        |
| <b>HUMAN INSULINS - SHORT ACTING</b>                                         |      |                           |
| HUMULIN R REGULAR U-100 INSULN                                               | 2    | PV                        |
| HUMULIN R U-500 (CONC) KWIKPEN                                               | 2    | PV                        |
| <b>INSULIN ANALOGS - FIXED COMBINATIONS</b>                                  |      |                           |
| HUMALOG MIX 50-50 KWIKPEN                                                    | 2    | PV                        |
| HUMALOG MIX 75-25 KWIKPEN                                                    | 2    | PV                        |
| HUMALOG MIX 75-25(U-100)INSULN                                               | 2    | PV                        |
| INSULIN LISPRO PROTAMIN-LISPRO                                               | 2    | PV                        |
| <b>INSULIN ANALOGS - LONG ACTING</b>                                         |      |                           |
| BASAGLAR KWIKPEN U-100 INSULIN                                               | 3    | PV                        |
| INSULIN GLARGINE U-300 CONC                                                  | 2    | PV                        |
| INSULIN GLARGINE-YFGN                                                        | 2    | PV                        |
| LANTUS SOLOSTAR U-100 INSULIN                                                | 2    | PV                        |
| LANTUS U-100 INSULIN                                                         | 2    | PV                        |
| TOUJEO MAX U-300 SOLOSTAR                                                    | 2    | PV                        |
| TOUJEO SOLOSTAR U-300 INSULIN                                                | 2    | PV                        |
| <b>INSULIN ANALOGS - RAPID ACTING</b>                                        |      |                           |
| HUMALOG JUNIOR KWIKPEN U-100                                                 | 2    | PV                        |
| HUMALOG KWIKPEN INSULIN                                                      | 2    | PV                        |
| HUMALOG U-100 INSULIN                                                        | 2    | PV                        |
| INSULIN LISPRO                                                               | 2    | PV                        |
| <b>INSULIN RESPONSE ENHANCERS - BIGUANIDES</b>                               |      |                           |
| metformin oral tablet 1,000 mg, 500 mg, 850 mg                               | 1    | PV                        |
| metformin oral tablet extended release (generic version of glucophage xr)    | 1    | PV                        |
| <b>INSULIN RESPONSE ENHANCERS - THIAZOLIDINEDIONES (PPAR-GAMMA AGONISTS)</b> |      |                           |
| pioglitazone                                                                 | 1    | PV                        |
| <b>INSULIN-LIKE GROWTH FACTOR-1 (IGF-1)</b>                                  |      |                           |
| INCRELEX                                                                     | 3    | PA; S                     |
| <b>LEPTIN HORMONE ANALOGS</b>                                                |      |                           |
| MYALEPT                                                                      | 3    | PA; QL; MS; S             |
| <b>LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS</b>                     |      |                           |
| SYNAREL                                                                      | 3    | PA; QL                    |
| <b>LHRH (GNRH) ANTAGONIST, ESTROGEN AND PROGESTIN COMBINATIONS</b>           |      |                           |
| MYFEMBREE                                                                    | 3    | PA; QL                    |
| ORIAHNN                                                                      | 3    | PA; QL                    |
| <b>LHRH (GNRH) ANTAGONISTS</b>                                               |      |                           |
| cetrorelix                                                                   | 3    | PA; S                     |
| FYREMADEL                                                                    | 3    | PA; MS; S                 |
| ganirelix acet 250 mcg/0.5 ml suv (organon)                                  | 3    | PA                        |

| Product Description                                                                                               | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| GANIRELIX ACET 250 MCG/0.5 ML SUV (ORGANON)                                                                       | 3    | PA; MS; S                 |
| ganirelix subcutaneous syringe 250 mcg/0.5 ml                                                                     | 3    | PA; MS; S                 |
| ORILISSA                                                                                                          | 3    | PA; QL                    |
| <b>MINERALOCORTICOIDS</b>                                                                                         |      |                           |
| fludrocortisone                                                                                                   | 1    |                           |
| <b>OXYTOCIC - ERGOT ALKALOIDS</b>                                                                                 |      |                           |
| methylergonovine oral                                                                                             | 1    | QL                        |
| <b>PARATHYROID HORMONES AND ANALOGS</b>                                                                           |      |                           |
| YORVIPATH                                                                                                         | 3    | PA; QL; S                 |
| <b>PROGESTINS</b>                                                                                                 |      |                           |
| GALLIFREY                                                                                                         | 1    |                           |
| medroxyprogesterone oral                                                                                          | 1    |                           |
| norethindrone acetate                                                                                             | 1    |                           |
| progesterone                                                                                                      | 1    | MS; S                     |
| progesterone micronized oral                                                                                      | 1    |                           |
| <b>PROLACTIN INHIBITOR - ERGOT DERIVATIVE DOPAMINE RECEPTOR AGONISTS</b>                                          |      |                           |
| cabergoline                                                                                                       | 1    |                           |
| <b>RANK LIGAND (RANKL) INHIBITOR, MC ANTIBODY</b>                                                                 |      |                           |
| PROLIA                                                                                                            | 3    | QL; MS; S; PV             |
| <b>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>                                                             |      |                           |
| raloxifene                                                                                                        | 1    | Covered in full*; PV      |
| <b>SOMATOSTATIC AGENTS</b>                                                                                        |      |                           |
| LANREOTIDE 120 MG/0.5 ML SUBCUTANEOUS SYRINGE 505(B)(2)                                                           | 3    | QL; S                     |
| lanreotide subcutaneous syringe 120 mg/0.5 ml                                                                     | 1    | QL; MS; S                 |
| octreotide acetate                                                                                                | 1    | MS; S                     |
| SIGNIFOR                                                                                                          | 3    | PA; S                     |
| <b>THYROID HORMONES - ANIMAL SOURCE (PORCINE)</b>                                                                 |      |                           |
| adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg                                                            | 1    |                           |
| ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG                                                     | 3    |                           |
| ARMOUR THYROID                                                                                                    | 3    |                           |
| niva thyroid                                                                                                      | 1    |                           |
| np thyroid                                                                                                        | 1    |                           |
| thyroid (pork)                                                                                                    | 1    |                           |
| <b>THYROID HORMONES - SYNTHETIC T3 (TRIIODOTHYRONINE)</b>                                                         |      |                           |
| LIOMNY                                                                                                            | 1    |                           |
| liothyronine oral                                                                                                 | 1    |                           |
| <b>THYROID HORMONES - SYNTHETIC T4 (THYROXINE)</b>                                                                |      |                           |
| euthyrox                                                                                                          | 1    |                           |
| levo-t                                                                                                            | 1    |                           |
| levothyroxine oral tablet                                                                                         | 1    |                           |
| levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg | 1    |                           |
| SYNTHROID                                                                                                         | 3    |                           |
| unithroid                                                                                                         | 1    |                           |
| <b>GASTROINTESTINAL THERAPY AGENTS</b>                                                                            |      |                           |
| <b>ANTIDIARRHEAL - ANTIPERISTALTIC AGENTS</b>                                                                     |      |                           |
| loperamide oral capsule                                                                                           | 1    |                           |
| opium tincture                                                                                                    | 1    |                           |

| Product Description                                                                                                                                                                                                                                                         | Tier | Limits/Restrictions/Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <b>ANTIDIARRHEAL - GASTROINTESTINAL CHLORIDE CHANNEL INHIBITORS</b>                                                                                                                                                                                                         |      |                           |
| MYTESI                                                                                                                                                                                                                                                                      | 3    | PA; QL; S                 |
| <b>ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR</b>                                                                                                                                                                                                                     |      |                           |
| XERMELO                                                                                                                                                                                                                                                                     | 3    | PA; QL; S                 |
| <b>ANTIDIARRHEAL ANTIPERISTALTIC-ANTICHOLINERGIC COMBINATIONS</b>                                                                                                                                                                                                           |      |                           |
| diphenoxylate-atropine                                                                                                                                                                                                                                                      | 1    |                           |
| <b>ANTIDIARRHEAL OPIOID AGENTS</b>                                                                                                                                                                                                                                          |      |                           |
| opium tincture                                                                                                                                                                                                                                                              | 1    |                           |
| <b>ANTIEMETIC - ANTICHOLINERGICS</b>                                                                                                                                                                                                                                        |      |                           |
| scopolamine base                                                                                                                                                                                                                                                            | 3    |                           |
| <b>ANTIEMETIC - ANTIHISTAMINES</b>                                                                                                                                                                                                                                          |      |                           |
| meclizine oral tablet 12.5 mg, 25 mg                                                                                                                                                                                                                                        | 1    |                           |
| <b>ANTIEMETIC - CANNABINOID TYPE</b>                                                                                                                                                                                                                                        |      |                           |
| dronabinol                                                                                                                                                                                                                                                                  | 1    |                           |
| SYNDROS                                                                                                                                                                                                                                                                     | 3    | PA                        |
| <b>ANTIEMETIC - DOPAMINE (D2)/5-HT3 ANTAGONISTS</b>                                                                                                                                                                                                                         |      |                           |
| trimethobenzamide oral                                                                                                                                                                                                                                                      | 3    |                           |
| <b>ANTIEMETIC - PHENOTHIAZINES</b>                                                                                                                                                                                                                                          |      |                           |
| compro                                                                                                                                                                                                                                                                      | 1    | PV                        |
| prochlorperazine                                                                                                                                                                                                                                                            | 1    | PV                        |
| prochlorperazine maleate                                                                                                                                                                                                                                                    | 1    | PV                        |
| promethazine oral                                                                                                                                                                                                                                                           | 1    |                           |
| promethazine rectal suppository 12.5 mg, 25 mg                                                                                                                                                                                                                              | 1    |                           |
| promethegan                                                                                                                                                                                                                                                                 | 1    |                           |
| <b>ANTIEMETIC - SELECTIVE SEROTONIN 5-HT3 ANTAGONISTS</b>                                                                                                                                                                                                                   |      |                           |
| granisetron hcl oral                                                                                                                                                                                                                                                        | 1    | QL                        |
| ondansetron hcl oral solution                                                                                                                                                                                                                                               | 1    |                           |
| ondansetron hcl oral tablet 4 mg, 8 mg                                                                                                                                                                                                                                      | 1    |                           |
| ondansetron oral tablet,disintegrating 4 mg, 8 mg                                                                                                                                                                                                                           | 2    |                           |
| <b>ANTIEMETIC - SUBSTANCE P-NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>                                                                                                                                                                                                     |      |                           |
| aprepitant                                                                                                                                                                                                                                                                  | 3    | QL                        |
| <b>BILE ACIDS</b>                                                                                                                                                                                                                                                           |      |                           |
| CHOLBAM                                                                                                                                                                                                                                                                     | 3    | PA; QL; S                 |
| <b>CHRONIC IDIOPATHIC CONST. AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>                                                                                                                                                                                               |      |                           |
| TRULANCE                                                                                                                                                                                                                                                                    | 2    | QL                        |
| <b>COLONIC ACIDIFIER (AMMONIA INHIBITOR)</b>                                                                                                                                                                                                                                |      |                           |
| enulose                                                                                                                                                                                                                                                                     | 1    |                           |
| generlac                                                                                                                                                                                                                                                                    | 1    |                           |
| lactulose oral solution                                                                                                                                                                                                                                                     | 1    |                           |
| <b>DIGESTIVE ENZYME MIXTURES</b>                                                                                                                                                                                                                                            |      |                           |
| CREON                                                                                                                                                                                                                                                                       | 2    |                           |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | 2    |                           |
| <b>DIGESTIVE ENZYMES</b>                                                                                                                                                                                                                                                    |      |                           |
| SUCRAID                                                                                                                                                                                                                                                                     | 3    | PA; S                     |
| <b>FECAL MICROBIOTA TRANSPLANTATION (FMT)</b>                                                                                                                                                                                                                               |      |                           |
| VOWST                                                                                                                                                                                                                                                                       | 3    | PA; QL; S                 |

| Product Description                                                       | Tier | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------|------|---------------------------|
| <b>GALLSTONE SOLUBILIZING (LITHOLYSIS) AGENTS</b>                         |      |                           |
| CTEXLI                                                                    | 3    | PA; QL; S                 |
| RELTONE                                                                   | 3    | PA; QL                    |
| ursodiol oral capsule 200 mg, 400 mg                                      | 3    | PA; QL                    |
| ursodiol oral capsule 300 mg                                              | 1    |                           |
| ursodiol oral tablet                                                      | 1    |                           |
| <b>GASTRIC ACID SECRETION REDUCER - HISTAMINE H2-RECEPTOR ANTAGONISTS</b> |      |                           |
| cimetidine hcl oral                                                       | 3    |                           |
| cimetidine oral tablet 300 mg                                             | 1    |                           |
| cimetidine oral tablet 400 mg, 800 mg                                     | 3    |                           |
| famotidine oral suspension for reconstitution                             | 1    |                           |
| famotidine oral tablet 20 mg, 40 mg                                       | 1    |                           |
| nizatidine oral capsule                                                   | 3    |                           |
| <b>GASTRIC ACID SECRETION REDUCER - PROTON PUMP INHIBITORS (PPIS)</b>     |      |                           |
| dexlansoprazole dr 30 mg cap                                              | 3    | QL                        |
| dexlansoprazole dr 60 mg cap                                              | 3    | QL                        |
| dexlansoprazole oral capsule,biphase delayed releas 30 mg                 | 3    | QL                        |
| dexlansoprazole oral capsule,biphase delayed releas 60 mg                 | 3    |                           |
| esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg          | 1    | QL                        |
| esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg          | 2    | QL                        |
| esomeprazole magnesium oral granules dr for susp in packet                | 2    | QL                        |
| lansoprazole oral capsule,delayed release(dr/ec)                          | 1    | QL                        |
| omeprazole oral capsule,delayed release(dr/ec)                            | 1    | QL                        |
| pantoprazole oral tablet,delayed release (dr/ec)                          | 1    | QL                        |
| rabeprazole oral tablet,delayed release (dr/ec)                           | 1    | QL                        |
| <b>GASTRIC MUCOSA - CYTOPROTECTIVE PROSTAGLANDIN ANALOGS</b>              |      |                           |
| misoprostol                                                               | 1    |                           |
| <b>GASTROINTESTINAL - PROKINETIC AGENTS - 5-HT4 RECEPTOR AGONISTS</b>     |      |                           |
| prucalopride                                                              | 1    | QL                        |
| <b>GASTROINTESTINAL PROKINETIC AGENTS - D2 ANTAGONIST/5-HT4 AGONISTS</b>  |      |                           |
| GIMOTI                                                                    | 3    | PA; QL; S                 |
| metoclopramide hcl oral solution                                          | 1    |                           |
| metoclopramide hcl oral tablet                                            | 1    |                           |
| <b>GI ANTISPASMODIC - BELLADONNA ALKALOIDS</b>                            |      |                           |
| ed-spaz                                                                   | 1    |                           |
| hyoscyamine sulfate oral                                                  | 1    |                           |
| hyoscyamine sulfate sublingual                                            | 1    |                           |
| hyosyne                                                                   | 1    |                           |
| methscopolamine                                                           | 1    |                           |
| oscimin                                                                   | 1    |                           |
| oscimin sl                                                                | 1    |                           |
| symax fastabs                                                             | 1    |                           |
| symax-sl                                                                  | 1    |                           |
| <b>GI ANTISPASMODIC - QUATERNARY AMMONIUM COMPOUNDS</b>                   |      |                           |
| DARTISLA                                                                  | 3    | PA; QL                    |
| GLYCATE                                                                   | 3    | PA                        |
| glycopyrrolate oral tablet 1 mg, 2 mg                                     | 1    |                           |
| glycopyrrolate oral tablet 1.5 mg                                         | 3    | PA                        |

| Product Description                                                           | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|------|---------------------------|
| <b>GI ANTISPASMODIC - SYNTHETIC TERTIARY AMINES</b>                           |      |                           |
| dicyclomine oral capsule                                                      | 1    |                           |
| dicyclomine oral solution                                                     | 1    |                           |
| dicyclomine oral tablet 20 mg                                                 | 1    |                           |
| <b>H. PYLORI THERAPY - BISMUTH AND ANTIBIOTICS COMBINATIONS</b>               |      |                           |
| PYLERA                                                                        | 2    |                           |
| <b>H. PYLORI THERAPY - PROTON PUMP INHIBITOR AND ANTIBIOTICS COMBINATIONS</b> |      |                           |
| amoxicil-clarithromy-lansopraz                                                | 3    |                           |
| <b>IBS AGENT - GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATOR AGENTS</b>         |      |                           |
| lubiprostone                                                                  | 1    | QL                        |
| <b>IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>                        |      |                           |
| TRULANCE                                                                      | 2    | QL                        |
| <b>INFLAMMATORY BOWEL AGENT - INTERLEUKIN-12 AND IL-23 INHIBITORS, MC AB</b>  |      |                           |
| SELARSDI SUBCUTANEOUS SOLUTION                                                | 2    | PA; QL; MS; S             |
| STELARA SUBCUTANEOUS SOLUTION                                                 | 2    | PA; QL; MS; S             |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML                                         | 2    | PA; QL; MS; S             |
| YESINTEK 90 MG/ML SYRINGE                                                     | 2    | PA; QL; MS; S             |
| YESINTEK SUBCUTANEOUS SOLUTION                                                | 2    | PA; QL; MS; S             |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML                                        | 2    | PA; QL; MS; S             |
| <b>INFLAMMATORY BOWEL AGENT - INTERLEUKIN-23 (IL-23) INHIBITOR, MC AB</b>     |      |                           |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR                                        | 2    | PA; QL; MS; S             |
| TREMFYA PEN                                                                   | 2    | PA; QL; MS; S             |
| TREMFYA PEN INDUCTION PK(2PEN)                                                | 2    | PA; QL; MS; S             |
| TREMFYA SUBCUTANEOUS SYRINGE                                                  | 2    | PA; QL; MS; S             |
| <b>INFLAMMATORY BOWEL AGENT - AMINOSALICYLATES AND RELATED AGENTS</b>         |      |                           |
| balsalazide                                                                   | 1    |                           |
| mesalamine oral capsule (with del rel tablets)                                | 1    |                           |
| mesalamine oral capsule,extended release 24hr                                 | 1    |                           |
| mesalamine oral tablet,delayed release (dr/ec) 1.2 gram                       | 1    |                           |
| mesalamine oral tablet,delayed release (dr/ec) 800 mg                         | 3    |                           |
| mesalamine rectal                                                             | 1    |                           |
| sulfasalazine                                                                 | 1    |                           |
| <b>INFLAMMATORY BOWEL AGENT - GLUCOCORTICOIDS</b>                             |      |                           |
| budesonide oral capsule,delayed,extend.release                                | 1    |                           |
| budesonide oral tablet,delayed and ext.release                                | 3    | QL                        |
| budesonide rectal                                                             | 2    | PA; QL                    |
| hydrocortisone rectal                                                         | 1    |                           |
| <b>INFLAMMATORY BOWEL AGENT - INTEGRIN RECEPTOR ANTAGONIST, MC ANTIBODY</b>   |      |                           |
| ENTYVIO 108 MG/0.68 ML PEN SUV, INNER                                         | 3    | PA; QL; MS; S             |
| ENTYVIO 108 MG/0.68 ML PEN SUV, OUTER                                         | 3    | PA; QL; MS; S             |
| <b>INFLAMMATORY BOWEL AGENT - JANUS KINASE (JAK) INHIBITORS</b>               |      |                           |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG                               | 2    | PA; QL; MS; S             |
| XELJANZ ORAL TABLET                                                           | 2    | PA; QL; MS; S             |
| XELJANZ XR                                                                    | 2    | PA; QL; MS; S             |

| Product Description                                                          | Tier | Limits/Restrictions/Notes                            |
|------------------------------------------------------------------------------|------|------------------------------------------------------|
| <b>INFLAMMATORY BOWEL AGENT - SPHINGOSINE 1-PHOSPHATE RECEPTOR MODULATOR</b> |      |                                                      |
| ZEPOSIA                                                                      | 2    | PA; QL; MS; S                                        |
| ZEPOSIA STARTER KIT (28-DAY)                                                 | 2    | PA; QL; MS; S                                        |
| ZEPOSIA STARTER PACK (7-DAY)                                                 | 2    | PA; QL; MS; S                                        |
| <b>INFLAMMATORY BOWEL AGENT - TUMOR NECROSIS FACTOR ALPHA BLOCKERS</b>       |      |                                                      |
| CIMZIA STARTER KIT                                                           | 3    | PA; QL; MS; S                                        |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)                  | 3    | PA; QL; MS; S                                        |
| HADLIMA                                                                      | 2    | PA; QL; MS; S                                        |
| HADLIMA PUSHTOUCH                                                            | 2    | PA; QL; MS; S                                        |
| HADLIMA(CF)                                                                  | 2    | PA; QL; MS; S                                        |
| HADLIMA(CF) PUSHTOUCH                                                        | 2    | PA; QL; MS; S                                        |
| HUMIRA PEN (ABBVIE)                                                          | 2    | PA; QL; MS; S                                        |
| HUMIRA SYRINGE KIT (ABBVIE)                                                  | 2    | PA; QL; MS; S                                        |
| HUMIRA(CF) PEN (ABBVIE)                                                      | 2    | PA; QL; MS; S                                        |
| HUMIRA(CF) PEN CROHNS-UC-HS (ABBVIE)                                         | 2    | PA; QL; MS; S                                        |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ABBVIE)                                      | 2    | PA; QL; MS; S                                        |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML               | 2    | PA; QL; MS; S                                        |
| SIMLANDI(CF) AUTOINJECTOR                                                    | 2    | PA; QL; MS; S                                        |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML             | 2    | PA; QL; MS; S                                        |
| <b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>                                 |      |                                                      |
| lubiprostone                                                                 | 1    | QL                                                   |
| <b>LAXATIVE - SALINE AND OSMOTIC</b>                                         |      |                                                      |
| CITROMA                                                                      | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| CLEARLAX ORAL POWDER                                                         | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| constulose                                                                   | 1    |                                                      |
| GAVILAX ORAL POWDER                                                          | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| GENTLELAX                                                                    | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| KRISTALOSE                                                                   | 3    | PA; QL                                               |
| lactulose oral packet                                                        | 3    | PA; QL                                               |
| lactulose oral solution                                                      | 1    |                                                      |
| LAXATIVE PEG 3350                                                            | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| MAGNESIUM CITRATE ORAL SOLUTION                                              | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| MAGNESIUM HYDROXIDE                                                          | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| MILK OF MAGNESIA                                                             | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| MILK OF MAGNESIA CONCENTRATED                                                | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| NATURA-LAX                                                                   | 1    |                                                      |
| polyethylene glycol 3350 oral powder                                         | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| POWDERLAX ORAL POWDER                                                        | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| PURELAX ORAL POWDER                                                          | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| SMOOTHLAX ORAL POWDER                                                        | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| <b>LAXATIVE - SALINE/OSMOTIC MIXTURES</b>                                    |      |                                                      |
| gavilyte-c                                                                   | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| gavilyte-g                                                                   | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| gavilyte-n                                                                   | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| ORAL SALINE LAXATIVE                                                         | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| peg 3350-electrolytes                                                        | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| peg3350-sod sul-nacl-kcl-asb-c                                               | 1    | QL; Covered in full age 50-75 (limit 2 Rx per year)* |

| Product Description                                                           | Tier | Limits/Restrictions/Notes                                   |
|-------------------------------------------------------------------------------|------|-------------------------------------------------------------|
| peg-electrolyte soln                                                          | 1    | Covered in full age 50-75 (limit 2 Rx per year)*            |
| PHOSPHATE LAXATIVE                                                            | 1    | Covered in full age 50-75 (limit 2 Rx per year)*            |
| sodium,potassium,mag sulfates                                                 | 1    | Covered in full age 50-75 (limit 2 Rx per year)*            |
| SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM                                    | 2    |                                                             |
| SUFLAVE POWDER OUTER                                                          | 2    | Covered in full age 50-75 (limit 2 Rx per year)*            |
| SUTAB 1.479-0.225-0.188 GM TAB INNER                                          | 2    | QL; Covered in full age 50-75 (limit 2 Rx per year)*        |
| SUTAB 1.479-0.225-0.188 GM TAB OUTER                                          | 2    | QL; Covered in full age 50-75 (limit 2 Rx per year)*        |
| <b>LAXATIVE - STIMULANT</b>                                                   |      |                                                             |
| BISACODYL ORAL                                                                | 1    | Covered in full age 50-75 (limit 2 Rx per year)*            |
| FLEET BISACODYL ORAL                                                          | 1    | Covered in full age 50-75 (limit 2 Rx per year)*            |
| GENTLE LAXATIVE (BISACODYL) ORAL                                              | 1    | Covered in full age 50-75 (limit 2 Rx per year)*            |
| LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC)                      | 1    | Covered in full age 50-75 (limit 2 Rx per year)*            |
| WOMEN'S GENTLE LAXATIVE(BISAC)                                                | 1    | Covered in full age 50-75 (limit 2 Rx per year)*            |
| <b>LAXATIVE - STIMULANT AND SALINE/OSMOTIC COMBINATIONS</b>                   |      |                                                             |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML                          | 2    | Covered in full age 50-75 (limit 2 Rx per year)*            |
| <b>PEPTIC ULCER - GASTRIC LUMEN ADHERENT CYTOPROTECTIVES</b>                  |      |                                                             |
| sucralfate oral tablet                                                        | 1    |                                                             |
| <b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>                                      |      |                                                             |
| octreotide acetate                                                            | 1    | MS; S                                                       |
| <b>GENITOURINARY THERAPY</b>                                                  |      |                                                             |
| <b>BPH AGENT- 5-ALPHA-REDUCTASE AND PHOSPHODIESTERASE-5 (PDE5) INHIBITORS</b> |      |                                                             |
| ENTADFI                                                                       | 3    | QL                                                          |
| <b>CYSTINOSIS THERAPY (CYSTINE DEPLETING AGENTS)</b>                          |      |                                                             |
| CYSTAGON                                                                      | 3    | S                                                           |
| PROCYSBI                                                                      | 3    | PA; QL; MS; S                                               |
| <b>INTERSTITIAL CYSTITIS AGENTS</b>                                           |      |                                                             |
| ELMIRON                                                                       | 3    |                                                             |
| <b>KIDNEY STONE AGENTS</b>                                                    |      |                                                             |
| tiopronin                                                                     | 3    | PA; QL; MS; S                                               |
| VENXXIVA                                                                      | 3    | PA; QL; S; Covered in full age 50-75 (limit 2 Rx per year)* |
| <b>OVERACTIVE BLADDER AGENTS - BETA -3 ADRENERGIC RECEPTOR AGONIST</b>        |      |                                                             |
| GEMTESA                                                                       | 2    | QL                                                          |
| mirabegron                                                                    | 1    | QL                                                          |
| <b>OXALOSIS AGENT - OXALATE INHIBITOR, SMALL INTERFERING RNA DIRECTED</b>     |      |                                                             |
| RIVFLOZA                                                                      | 3    | PA; QL; S                                                   |
| <b>PHOSPHATE BINDERS</b>                                                      |      |                                                             |
| calcium acetate(phosphat bind)                                                | 1    |                                                             |
| sevelamer carbonate oral powder in packet                                     | 3    |                                                             |
| sevelamer carbonate oral tablet                                               | 1    |                                                             |
| <b>PHOSPHATE BINDERS - CALCIUM-BASED</b>                                      |      |                                                             |
| calcium acetate(phosphat bind)                                                | 1    |                                                             |
| <b>POLYCYSTIC KIDNEY DISEASE - VASOPRESSIN V2 RECEPTOR ANTAGONISTS</b>        |      |                                                             |
| tolvaptan (polycys kidney dis)                                                | 3    | PA; QL; S; Covered in full age 50-75 (limit 2 Rx per year)* |
| <b>PROSTATIC HYPERTROPHY AGENT - ALPHA-1-ADRENOCEPTOR ANTAGONISTS</b>         |      |                                                             |
| alfuzosin                                                                     | 1    | QL                                                          |

| Product Description                                                           | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|------|---------------------------|
| silodosin                                                                     | 3    | QL                        |
| tamsulosin                                                                    | 1    | QL                        |
| <b>PROSTATIC HYPERTROPHY AGENT - TYPE II 5-ALPHA REDUCTASE INHIBITORS</b>     |      |                           |
| finasteride oral tablet 5 mg                                                  | 1    |                           |
| <b>PROSTATIC HYPERTROPHY AGENT-SEL.CGMP PHOSPHODIESTERASE TYPE5 INHIBITOR</b> |      |                           |
| tadalafil oral tablet 2.5 mg, 5 mg                                            | 3    | QL                        |
| <b>PROSTATIC HYPERTROPHY AGENT-TYPE I AND II 5-ALPHA REDUCTASE INHIBITORS</b> |      |                           |
| dutasteride                                                                   | 1    | QL                        |
| <b>URINARY ACIDIFIER - PHOSPHATES</b>                                         |      |                           |
| K-PHOS NO 2                                                                   | 3    |                           |
| K-PHOS ORIGINAL                                                               | 3    |                           |
| <b>URINARY ALKALINIZER - CITRATES</b>                                         |      |                           |
| potassium citrate oral tablet extended release                                | 1    |                           |
| <b>URINARY ANALGESICS</b>                                                     |      |                           |
| phenazopyridine oral tablet 100 mg, 200 mg                                    | 1    |                           |
| <b>URINARY ANTIBACTERIAL - METHENAMINE AND SALTS</b>                          |      |                           |
| methenamine hippurate                                                         | 1    |                           |
| methenamine mandelate                                                         | 1    |                           |
| <b>URINARY ANTIBACTERIAL - NITROFURAN DERIVATIVES</b>                         |      |                           |
| nitrofurantoin macrocrystal                                                   | 1    |                           |
| nitrofurantoin monohydrate macrocrystals                                      | 1    |                           |
| <b>URINARY ANTIBACTERIALS OTHER</b>                                           |      |                           |
| fosfomycin tromethamine                                                       | 1    |                           |
| <b>URINARY ANTI-INFECTIVE METHENAMINE-ANTISPAS-ANALG COMBINATIONS</b>         |      |                           |
| urimar-t oral tablet                                                          | 1    |                           |
| uro-mp                                                                        | 1    |                           |
| <b>URINARY ANTI-INFECTIVE METHENAMINE-ANTISPASMODIC COMBINATIONS</b>          |      |                           |
| methen-sod phos-meth blue-hyos                                                | 1    |                           |
| urogesic-blue                                                                 | 1    |                           |
| uryl                                                                          | 1    |                           |
| <b>URINARY ANTISPASMODIC - ANTICHOL., M(3) MUSCARINIC SELECTIVE (BLADDER)</b> |      |                           |
| darifenacin                                                                   | 3    | QL                        |
| solifenacin                                                                   | 1    | QL                        |
| <b>URINARY ANTISPASMODIC - ANTICHOLINERGICS, NON-SELECTIVE</b>                |      |                           |
| ed-spaz                                                                       | 1    |                           |
| hyoscyamine sulfate oral                                                      | 1    |                           |
| hyoscyamine sulfate sublingual                                                | 1    |                           |
| hyosyne                                                                       | 1    |                           |
| oscimin                                                                       | 1    |                           |
| oscimin sl                                                                    | 1    |                           |
| symax fastabs                                                                 | 1    |                           |
| symax-sl                                                                      | 1    |                           |
| <b>URINARY ANTISPASMODIC - SMOOTH MUSCLE RELAXANTS</b>                        |      |                           |
| fesoterodine                                                                  | 3    | QL                        |
| flavoxate                                                                     | 3    |                           |

| Product Description                                                          | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------|------|---------------------------|
| oxybutynin chloride oral syrup                                               | 1    |                           |
| OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG                                       | 3    |                           |
| oxybutynin chloride oral tablet 5 mg                                         | 1    |                           |
| oxybutynin chloride oral tablet extended release 24hr                        | 1    |                           |
| tolterodine                                                                  | 3    | QL                        |
| tropium oral capsule,extended release 24hr                                   | 3    | QL                        |
| tropium oral tablet                                                          | 2    | QL                        |
| <b>URINARY RETENTION THERAPY - PARASYMPATHOMIMETIC AGENTS</b>                |      |                           |
| bethanechol chloride                                                         | 1    |                           |
| <b>GOUT AND HYPERURICEMIA THERAPY</b>                                        |      |                           |
| <b>GOUT ACUTE THERAPY - ANTIMITOTICS</b>                                     |      |                           |
| colchicine oral tablet                                                       | 1    | QL                        |
| <b>GOUT AND HYPERURICEMIA - ANTIMITOTIC-URICOSURIC COMBINATIONS</b>          |      |                           |
| probenecid-colchicine                                                        | 1    |                           |
| <b>HYPERURICEMIA THERAPY - URICOSURICS</b>                                   |      |                           |
| probenecid                                                                   | 1    |                           |
| <b>HYPERURICEMIA THERAPY - XANTHINE OXIDASE INHIBITORS</b>                   |      |                           |
| allopurinol oral tablet 100 mg, 300 mg                                       | 1    |                           |
| febuxostat                                                                   | 1    | QL                        |
| <b>HEMATOLOGICAL AGENTS</b>                                                  |      |                           |
| <b>AGENTS TO TREAT ATTP- ANTI VON WILLEBRAND FACTOR (VWF) A1 DOMAIN</b>      |      |                           |
| CABLIVI INJECTION KIT                                                        | 3    | PA; QL; S                 |
| <b>AGENTS TO TREAT PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH)</b>             |      |                           |
| EMPAVELI                                                                     | 3    | PA; S                     |
| FABHALTA                                                                     | 3    | PA; QL; MS; S             |
| VOYDEYA                                                                      | 3    | PA; QL; MS; S             |
| <b>ANTICOAGULANTS - COUMARIN</b>                                             |      |                           |
| jantoven                                                                     | 1    | PV                        |
| warfarin                                                                     | 1    | PV                        |
| <b>BLOOD CELL AND PLATELET DISORDER TREATMENT-TYROSINE KINASE INHIBITORS</b> |      |                           |
| TAVALISSE                                                                    | 3    | PA; QL; S                 |
| <b>C1 ESTERASE INHIBITOR AGENTS</b>                                          |      |                           |
| BERINERT INTRAVENOUS KIT                                                     | 3    | PA; QL; MS; S             |
| CINRYZE                                                                      | 3    | PA; QL; MS; S             |
| HAEGARDA                                                                     | 2    | PA; QL; MS; S             |
| RUCONEST                                                                     | 3    | PA; QL; MS; S             |
| <b>CXCR4 CHEMOKINE RECEPTOR ANTAGONISTS</b>                                  |      |                           |
| plerixafor                                                                   | 1    | QL; MS; S                 |
| XOLREMDI                                                                     | 3    | PA; QL; S                 |
| <b>DIRECT FACTOR XA INHIBITORS</b>                                           |      |                           |
| ELIQUIS                                                                      | 2    | QL; PV                    |
| ELIQUIS DVT-PE TREAT 30D START                                               | 2    | QL; PV                    |
| ELIQUIS SPRINKLE                                                             | 2    | QL; PV                    |
| rivaroxaban                                                                  | 1    | QL; PV                    |
| XARELTO                                                                      | 2    | QL; PV                    |
| XARELTO DVT-PE TREAT 30D START                                               | 2    | PV                        |

| Product Description                                                                                                     | Tier | Limits/Restrictions/Notes                 |
|-------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------|
| <b>ERYTHROPOIETINS</b>                                                                                                  |      |                                           |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML                     | 2    | MS; S                                     |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE                                                                              | 2    | MS; S                                     |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 3    | MS; S                                     |
| PROCRIT                                                                                                                 | 3    | MS; S                                     |
| RETACRIT                                                                                                                | 3    | MS; S                                     |
| <b>GRANULOCYTE COLONY-STIMULATING FACTOR (G-CSF)</b>                                                                    |      |                                           |
| NEULASTA                                                                                                                | 2    | MS; S                                     |
| NEULASTA ONPRO                                                                                                          | 2    | MS; S                                     |
| UDENYCA                                                                                                                 | 2    | MS; S                                     |
| UDENYCA AUTOINJECTOR                                                                                                    | 2    | MS; S                                     |
| UDENYCA ONBODY                                                                                                          | 2    | MS; S                                     |
| ZARXIO                                                                                                                  | 2    | MS; S                                     |
| <b>GRANULOCYTE-MACROPHAGE COLONY-STIMULATING FACTOR (GM-CSF)</b>                                                        |      |                                           |
| LEUKINE INJECTION RECON SOLN                                                                                            | 3    | QL; MS; S                                 |
| <b>HEMATORHEOLOGIC AGENTS</b>                                                                                           |      |                                           |
| pentoxifylline                                                                                                          | 1    |                                           |
| <b>HEMOPHILIA TREATMENT AGENTS - MONOCLONAL ANTIBODY</b>                                                                |      |                                           |
| ALHEMO PEN                                                                                                              | 3    | PA; QL; MS; S                             |
| HEMLIBRA                                                                                                                | 3    | PA; MS; S                                 |
| HYMPAVZI PEN                                                                                                            | 3    | PA; QL; MS; S                             |
| <b>HEMOPHILIA TREATMENT AGENTS - SMALL INTERFERING RNA (SIRNA)</b>                                                      |      |                                           |
| QFITLIA                                                                                                                 | 3    | PA; QL; S                                 |
| QFITLIA PEN                                                                                                             | 3    | PA; QL; S                                 |
| <b>HEMOSTATIC SYSTEMIC - ANTIFIBRINOLYTIC AGENTS</b>                                                                    |      |                                           |
| aminocaproic acid oral                                                                                                  | 1    |                                           |
| tranexamic acid oral                                                                                                    | 1    | QL                                        |
| <b>HEPARIN FLUSH FORMULATIONS</b>                                                                                       |      |                                           |
| hep flush-10 (pf)                                                                                                       | 1    |                                           |
| <b>HEPARINS</b>                                                                                                         |      |                                           |
| hep flush-10 (pf)                                                                                                       | 1    |                                           |
| <b>INDIRECT FACTOR XA INHIBITORS</b>                                                                                    |      |                                           |
| fondaparinux                                                                                                            | 1    | S                                         |
| <b>LOW MOLECULAR WEIGHT HEPARINS</b>                                                                                    |      |                                           |
| enoxaparin                                                                                                              | 1    | S                                         |
| <b>PLASMA PROTEINS WHICH FACILITATE ANTICOAGULATION</b>                                                                 |      |                                           |
| RYPLAZIM                                                                                                                | 3    | PA; QL; S                                 |
| <b>PLATELET AGGREGATION INHIB - CYCLOPENTYL-TRIAZOLO-PYRIMIDINES (CPTPS)</b>                                            |      |                                           |
| ticagrelor                                                                                                              | 1    | QL; PV                                    |
| <b>PLATELET AGGREGATION INHIBITOR COMBINATIONS</b>                                                                      |      |                                           |
| aspirin-dipyridamole                                                                                                    | 1    | PV                                        |
| <b>PLATELET AGGREGATION INHIBITORS - PHOSPHODIESTERASE III INHIBITORS</b>                                               |      |                                           |
| cilostazol                                                                                                              | 1    | PV                                        |
| <b>PLATELET AGGREGATION INHIBITORS - QUINAZOLINE AGENTS</b>                                                             |      |                                           |
| anagrelide                                                                                                              | 1    | PV                                        |
| <b>PLATELET AGGREGATION INHIBITORS - SALICYLATES</b>                                                                    |      |                                           |
| ASPIRIN CHILDRENS                                                                                                       | 1    | QL; Covered in full age 59 and under*; PV |

| Product Description                                                           | Tier | Limits/Restrictions/Notes                 |
|-------------------------------------------------------------------------------|------|-------------------------------------------|
| ASPIRIN ORAL TABLET,CHEWABLE                                                  | 1    | QL; Covered in full age 59 and under*; PV |
| aspirin oral tablet,delayed release (dr/ec) 81 mg                             | 1    | QL; Covered in full age 59 and under*; PV |
| bayer low dose aspirin                                                        | 1    | QL; Covered in full age 59 and under*; PV |
| CHILDREN'S ASPIRIN                                                            | 1    | QL; Covered in full age 59 and under*; PV |
| ecotrin low strength                                                          | 1    | QL; Covered in full age 59 and under*; PV |
| <b>PLATELET AGGREGATION INHIBITORS - THIENOPYRIDINE AGENTS</b>                |      |                                           |
| clopidogrel oral tablet 300 mg                                                | 1    | PV                                        |
| clopidogrel oral tablet 75 mg                                                 | 1    | QL; PV                                    |
| prasugrel hcl                                                                 | 1    | QL; PV                                    |
| <b>PLATELET AGGREGATION INHIB-PDESTERASE AND ADENOSINE DEAMINASE INHIBITR</b> |      |                                           |
| dipyridamole oral                                                             | 1    | PV                                        |
| <b>PNH - COMPLEMENT (C3) INHIBITORS</b>                                       |      |                                           |
| EMPAVELI                                                                      | 3    | PA; S                                     |
| <b>PNH - COMPLEMENT FACTOR B INHIBITORS</b>                                   |      |                                           |
| FABHALTA                                                                      | 3    | PA; QL; MS; S                             |
| <b>PNH - COMPLEMENT FACTOR D INHIBITORS</b>                                   |      |                                           |
| VOYDEYA                                                                       | 3    | PA; QL; MS; S                             |
| <b>PYRUVATE KINASE (PK) ACTIVATORS</b>                                        |      |                                           |
| PYRUKYND 5 MG TABLET                                                          | 3    | PA; QL                                    |
| PYRUKYND 5 MG TAPER PACK                                                      | 3    | PA; QL                                    |
| PYRUKYND ORAL TABLET 20 MG, 50 MG                                             | 3    | PA; QL; S                                 |
| PYRUKYND ORAL TABLETS,DOSE PACK                                               | 3    | PA; QL; S                                 |
| <b>SICKLE CELL ANEMIA AGENTS, OTHERS</b>                                      |      |                                           |
| DROXIA                                                                        | 3    |                                           |
| glutamine (sickle cell)                                                       | 3    | PA; QL; MS; S                             |
| SIKLOS                                                                        | 3    | PA                                        |
| XROMI                                                                         | 3    | PA; QL                                    |
| <b>THROMBIN INHIBITOR - SELECTIVE DIRECT AND REVERSIBLE</b>                   |      |                                           |
| dabigatran etexilate                                                          | 3    | QL; PV                                    |
| <b>THROMBOPOIETIN RECEPTOR AGONISTS</b>                                       |      |                                           |
| ALVAIZ                                                                        | 3    | PA; QL; MS; S                             |
| DOPTLET (10 TAB PACK)                                                         | 3    | PA; QL; MS; S                             |
| DOPTLET (15 TAB PACK)                                                         | 3    | PA; QL; MS; S                             |
| DOPTLET (30 TAB PACK)                                                         | 3    | PA; QL; MS; S                             |
| DOPTLET SPRINKLE                                                              | 3    | PA; QL; MS; S                             |
| eltrombopag olamine                                                           | 3    | PA; QL; S                                 |
| MULPLETA                                                                      | 3    | PA; QL; MS; S                             |
| <b>HEPATOBIILIARY SYSTEM TREATMENT AGENTS</b>                                 |      |                                           |
| <b>AGENTS TO TREAT CEREBROTENDINOUS XANTHOMATOSIS (CTX)</b>                   |      |                                           |
| CTEXLI                                                                        | 3    | PA; QL; S                                 |
| <b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITOR</b>                           |      |                                           |
| BYLVAY                                                                        | 3    | PA; QL; MS; S                             |
| LIVMARLI                                                                      | 3    | PA; QL; S                                 |
| <b>NON-ALCOHOLIC STEATOHEPATITIS (NASH) AGENTS - THR-BETA AGONIST</b>         |      |                                           |
| REZDIFFRA                                                                     | 3    | PA; QL; MS; S                             |
| <b>PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR (PPAR) AGONIST</b>              |      |                                           |
| IQIRVO                                                                        | 3    | PA; QL; MS; S                             |
| LIVDELZI                                                                      | 3    | PA; QL; S                                 |

| Product Description                                                           | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|------|---------------------------|
| <b>IMMUNOSUPPRESSIVE AGENTS</b>                                               |      |                           |
| <b>IMMUNOSUPPRESSIVE - CALCINEURIN INHIBITORS</b>                             |      |                           |
| cyclosporine modified                                                         | 1    | S; PV                     |
| cyclosporine oral capsule                                                     | 1    | S; PV                     |
| ENVARUSUS XR                                                                  | 3    | PA; QL; S; PV             |
| gengraf                                                                       | 1    | S; PV                     |
| LUPKYNIS                                                                      | 3    | PA; QL; S                 |
| tacrolimus oral capsule                                                       | 1    | S; PV                     |
| <b>IMMUNOSUPPRESSIVE - INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS</b>     |      |                           |
| mycophenolate mofetil                                                         | 1    | S; PV                     |
| mycophenolate sodium                                                          | 1    | S; PV                     |
| <b>IMMUNOSUPPRESSIVE - INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS</b>           |      |                           |
| ENSPRYNG                                                                      | 3    | PA; QL; MS; S             |
| <b>IMMUNOSUPPRESSIVE - MAMMALIAN TARGET OF RAPAMYCIN (MTOR) INHIBITORS</b>    |      |                           |
| sirolimus                                                                     | 1    | S; PV                     |
| <b>IMMUNOSUPPRESSIVE - PURINE ANALOGS</b>                                     |      |                           |
| azathioprine oral tablet 50 mg                                                | 1    | S; PV                     |
| <b>LOCOMOTOR SYSTEM</b>                                                       |      |                           |
| <b>AGENTS TO TREAT PERIODIC PARALYSIS - CARBONIC ANHYDRASE INHIBITORS</b>     |      |                           |
| dichlorphenamide                                                              | 3    | PA; MS; S                 |
| ORMALVI                                                                       | 3    | PA; QL; S                 |
| <b>ALS AGENTS - ANTIOXIDANTS/ANTI-INFLAMMATORIES</b>                          |      |                           |
| RADICAVA ORS                                                                  | 3    | PA; QL; MS; S             |
| RADICAVA ORS STARTER KIT SUSP                                                 | 3    | PA; QL; MS; S             |
| <b>AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS - BENZATHIAZOLES</b>            |      |                           |
| riluzole                                                                      | 1    |                           |
| <b>ANTIMYASTHENIC AGENT - NEONATAL FC RECEPTOR (FCRN) INHIBITOR</b>           |      |                           |
| VYVGART HYTRULO SUBCUTANEOUS SYRINGE                                          | 3    | PA; QL; MS; S             |
| <b>ANTIMYASTHENIC AGENT - REVERSIBLE CHOLINESTERASE INHIBITORS</b>            |      |                           |
| pyridostigmine bromide oral syrup                                             | 1    |                           |
| pyridostigmine bromide oral tablet 60 mg                                      | 1    |                           |
| pyridostigmine bromide oral tablet extended release 180 mg                    | 1    |                           |
| <b>ANTIMYASTHENIC AGENTS OTHER</b>                                            |      |                           |
| FIRDAPSE                                                                      | 3    | PA; QL; S                 |
| ZILBRYSQ                                                                      | 3    | PA; QL; S                 |
| <b>DUCHENNE MUSCULAR DYSTROPHY - HISTONE DEACETYLASE (HDAC) INHIBITOR</b>     |      |                           |
| DUVYZAT                                                                       | 3    | PA; QL; S                 |
| <b>FIBRODYSPLASIA OSSIFICANS PROGRESSIVA-RETINOIC ACID RECEPTOR AGONISTS</b>  |      |                           |
| SOHONOS                                                                       | 3    | PA; QL; S                 |
| <b>FRIEDREICH ATAXIA-NUCLEAR FACTOR ERYTHROID-REL.FACTOR2(NRF2) ACTIVATOR</b> |      |                           |
| SKYCLARYS                                                                     | 3    | PA; QL; S                 |
| <b>SKELETAL MUSCLE RELAXANT - ANALGESIC SALICYLATE COMBINATIONS</b>           |      |                           |
| carisoprodol-aspirin                                                          | 1    |                           |
| <b>SKELETAL MUSCLE RELAXANT - CENTRAL MUSCLE RELAXANTS</b>                    |      |                           |
| BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML)                                   | 3    | PA; QL                    |

| Product Description                                                      | Tier | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------|------|---------------------------|
| baclofen oral suspension                                                 | 3    | PA; QL                    |
| baclofen oral tablet 10 mg, 20 mg                                        | 1    |                           |
| BACLOFEN ORAL TABLET 5 MG                                                | 3    |                           |
| carisoprodol oral tablet 350 mg                                          | 1    |                           |
| chlorzoxazone oral tablet 500 mg                                         | 1    | QL                        |
| cyclobenzaprine oral tablet 10 mg, 5 mg                                  | 1    |                           |
| metaxalone oral tablet 800 mg                                            | 2    | QL                        |
| methocarbamol oral tablet 500 mg, 750 mg                                 | 1    |                           |
| orphenadrine citrate oral                                                | 1    |                           |
| OZOBAX                                                                   | 3    | PA; QL                    |
| OZOBAX DS                                                                | 3    | PA; QL                    |
| tizanidine oral capsule                                                  | 3    |                           |
| tizanidine oral tablet                                                   | 1    |                           |
| <b>SKELETAL MUSCLE RELAXANT - DIRECT MUSCLE RELAXANTS</b>                |      |                           |
| dantrolene oral                                                          | 3    |                           |
| <b>SKELETAL MUSCLE RELAXANT - OPIOID ANALGESIC COMBINATIONS</b>          |      |                           |
| carisoprodol-aspirin-codeine                                             | 1    |                           |
| <b>SKELETAL MUSCLE RELAXANT, SALICYLATE, AND OPIOID ANALGESIC COMB.</b>  |      |                           |
| carisoprodol-aspirin-codeine                                             | 1    |                           |
| <b>SPINAL MUSCULAR ATROPHY - MOTOR NEURON 2 (SMN2) SPLICING MODIFIER</b> |      |                           |
| EVRYSDI                                                                  | 3    | PA; QL; MS; S             |
| <b>MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT (DME)</b>              |      |                           |
| <b>MEDICAL SUPPLIES AND DME - BLOOD COLLECTION NEEDLES</b>               |      |                           |
| MONOJECT BLOOD COLLECTION                                                | 3    | PV                        |
| MULTI-DRAW NEEDLE                                                        | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME - BLOOD GLUCOSE TESTS</b>                    |      |                           |
| CONTOUR NEXT TEST STRIPS                                                 | 2    | QL; PV                    |
| CONTOUR PLUS TEST STRIP                                                  | 2    | QL; PV                    |
| CONTOUR TEST STRIP                                                       | 2    | QL; PV                    |
| FREESTYLE INSULINX STRIP                                                 | 2    | QL; PV                    |
| FREESTYLE INSULINX TEST STRIPS                                           | 2    | QL; PV                    |
| FREESTYLE LITE STRIPS                                                    | 2    | QL; PV                    |
| FREESTYLE PRECISION NEO STRIPS                                           | 2    | QL; PV                    |
| FREESTYLE TEST                                                           | 2    | QL; PV                    |
| PRECISION PCX PLUS TEST                                                  | 2    | QL; PV                    |
| PRECISION PCX TEST                                                       | 2    | QL; PV                    |
| PRECISION POINT OF CARE TEST                                             | 2    | QL; PV                    |
| PRECISION Q-I-D TEST                                                     | 2    | QL; PV                    |
| PRECISION XTRA TEST                                                      | 2    | QL; PV                    |
| <b>MEDICAL SUPPLIES AND DME - CERVICAL CAPS</b>                          |      |                           |
| FEMCAP                                                                   | 3    | Covered in full*          |
| <b>MEDICAL SUPPLIES AND DME - DIAPHRAGMS</b>                             |      |                           |
| CAYA CONTOURED                                                           | 3    | Covered in full*          |
| WIDE-SEAL DIAPHRAGM 60                                                   | 3    | Covered in full*          |
| WIDE-SEAL DIAPHRAGM 65                                                   | 3    | Covered in full*          |
| WIDE-SEAL DIAPHRAGM 70                                                   | 3    | Covered in full*          |
| WIDE-SEAL DIAPHRAGM 75                                                   | 3    | Covered in full*          |
| WIDE-SEAL DIAPHRAGM 80                                                   | 3    | Covered in full*          |

| Product Description                                                | Tier | Limits/Restrictions/Notes |
|--------------------------------------------------------------------|------|---------------------------|
| WIDE-SEAL DIAPHRAGM 85                                             | 3    | Covered in full*          |
| WIDE-SEAL DIAPHRAGM 90                                             | 3    | Covered in full*          |
| WIDE-SEAL DIAPHRAGM 95                                             | 3    | Covered in full*          |
| <b>MEDICAL SUPPLIES AND DME - ENTERAL SYRINGES</b>                 |      |                           |
| MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML, 35 ML, 6 ML, 60 ML    | 3    |                           |
| MONOJECT ENFIT SYRINGE                                             | 3    |                           |
| PISTON SYRINGE WITH ENFIT                                          | 3    |                           |
| <b>MEDICAL SUPPLIES AND DME - FEMALE CONDOMS</b>                   |      |                           |
| FC2 FEMALE CONDOM                                                  | 3    | Covered in full*          |
| <b>MEDICAL SUPPLIES AND DME - GLUCOSE MONITORING TEST SUPPLIES</b> |      |                           |
| 2-IN-1 LANCET DEVICE                                               | 3    | PV                        |
| 2TEK CONTROL (HIGH-NORMAL)                                         | 3    | PV                        |
| ACCU-CHEK AVIVA CONTROL SOLN                                       | 3    | PV                        |
| ACCU-CHEK FASTCLIX LANCET DRUM                                     | 3    | PV                        |
| ACCU-CHEK FASTCLIX LANCING DEV                                     | 3    | PV                        |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL                                     | 3    | PV                        |
| ACCU-CHEK SAFE-T-PRO                                               | 3    | PV                        |
| ACCU-CHEK SAFE-T-PRO PLUS                                          | 3    | PV                        |
| ACCU-CHEK SMARTVIEW CONTRL SOL                                     | 3    | PV                        |
| ACCU-CHEK SOFT DEV LANCETS                                         | 3    | PV                        |
| ACCU-CHEK SOFTCLIX LANCETS                                         | 3    | PV                        |
| ACCUTREND GLUCOSE CONTROL                                          | 3    | PV                        |
| ACTI-LANCE LANCETS 17 GAUGE, 28 GAUGE                              | 1    | PV                        |
| ACTI-LANCE LANCETS 23 GAUGE                                        | 3    | PV                        |
| ACTI-LANCE UNIVERS 23G LANCETS                                     | 1    |                           |
| ADJUSTABLE LANCING DEVICE                                          | 3    | PV                        |
| ADVANCED LANCING DEVICE                                            | 3    | PV                        |
| ADVANCED TRAVEL LANCETS 28 GAUGE                                   | 3    | PV                        |
| ADVOCATE LANCET                                                    | 3    | PV                        |
| ADVOCATE LANCING DEVICE                                            | 3    | PV                        |
| ADVOCATE REDI-CODE PLUS CTRL L                                     | 3    | PV                        |
| ADVOCATE REDI-CODE+ CTRL HIGH                                      | 3    | PV                        |
| AGAMATRIX CONTROL SOLN-HIGH                                        | 3    | PV                        |
| AGAMATRIX CONTROL SOLN-NORMAL                                      | 3    | PV                        |
| AGAMATRIX CONTROL SOLN-NORM-HI                                     | 3    | PV                        |
| AGAMATRIX ULTRA-THIN LANCET                                        | 3    | PV                        |
| ALKALINE BATTERIES                                                 | 3    | PV                        |
| ALTERNATE SITE LANCET                                              | 3    | PV                        |
| ALTERNATE SITE LANCING DEVICE                                      | 3    | PV                        |
| AQUA LANCE LANCING DEVICE                                          | 3    | PV                        |
| ASSURE 4 CONTROL SOLUTION                                          | 3    | PV                        |
| ASSURE DOSE NORMAL CONTROL                                         | 3    | PV                        |
| ASSURE DOSE NORM-HI CONTROL                                        | 3    | PV                        |
| ASSURE LANCE                                                       | 3    | PV                        |
| ASSURE LANCE PLUS                                                  | 3    | PV                        |
| ASSURE PRISM CONTROL 1-2 SOLN                                      | 3    | PV                        |
| AUTO-LANCET MINI                                                   | 3    | PV                        |
| AUTOLET IMPRESSION LANC DEV                                        | 3    | PV                        |
| AUTOLET LANCING DEVICE                                             | 3    | PV                        |
| AUTOLET LITE                                                       | 3    | PV                        |

| Product Description                   | Tier | Limits/Restrictions/Notes |
|---------------------------------------|------|---------------------------|
| BD MICROTAINER LANCET                 | 3    | PV                        |
| BLOOD GLUCOSE CONTRL HI,NORMAL        | 3    | PV                        |
| BLOOD GLUCOSE CONTROL, NORMAL         | 3    | PV                        |
| BREEZE 2 CONTROL SOLUTION, LOW        | 3    | PV                        |
| BREEZE 2 CONTROL SOLUTION, NML        | 3    | PV                        |
| BREEZE 2 CONTROL SOLUTION,HIGH        | 3    | PV                        |
| BULLSEYE MINI SAFETY LANCETS          | 3    | PV                        |
| CAREONE LANCING DEVICE                | 3    | PV                        |
| CAREONE ULTRA THIN LANCET             | 3    | PV                        |
| CARESENS CONTROL A AND B              | 3    | PV                        |
| CARESENS S CONTROL A AND B            | 3    | PV                        |
| CARETOUCH CONTROL SOLN L2-L3          | 3    | PV                        |
| CARETOUCH LANCING DEVICE              | 3    | PV                        |
| CARETOUCH TWIST LANCET                | 3    | PV                        |
| CHEMSTRIP BG LOG BOOK                 | 3    | PV                        |
| CHOSEN LANCING DEVICE                 | 3    | PV                        |
| CLEVER CHEK LANCETS                   | 3    | PV                        |
| CLEVER CHOICE LEVEL 1 CONTROL         | 3    | PV                        |
| CLEVER CHOICE LEVEL 2 CONTROL         | 3    | PV                        |
| CLEVER CHOICE LEVEL 3 CONTROL         | 3    | PV                        |
| COAGUCHEK LANCETS                     | 3    | PV                        |
| COLOR LANCETS                         | 3    | PV                        |
| COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE | 3    | PV                        |
| CONTOUR CONTROL SOLUTION, HIGH        | 3    | PV                        |
| CONTOUR CONTROL SOLUTION, LOW         | 3    | PV                        |
| CONTOUR CONTROL SOLUTION, NML         | 3    | PV                        |
| CONTOUR METER                         | 2    | PV                        |
| CONTOUR NEXT EZ METER                 | 2    | PV                        |
| CONTOUR NEXT EZ METER SYSTEM          | 2    | PV                        |
| CONTOUR NEXT GEN METER                | 2    | PV                        |
| CONTOUR NEXT GEN METER KIT            | 2    | PV                        |
| CONTOUR NEXT GLUCOSE METER KIT        | 2    | PV                        |
| CONTOUR NEXT LEV 1 CONTROL SOL        | 3    | PV                        |
| CONTOUR NEXT LEV 2 CONTROL SOL        | 3    | PV                        |
| CONTOUR NEXT LINK 2.4                 | 2    | PV                        |
| CONTOUR NEXT LINK METER               | 2    | PV                        |
| CONTOUR NEXT METER                    | 2    | PV                        |
| CONTOUR NEXT ONE METER                | 2    | PV                        |
| CONTOUR PLUS BLUE METER               | 2    | PV                        |
| DEXCOM G6 RECEIVER                    | 2    | PA; QL; PV                |
| DEXCOM G6 SENSOR                      | 2    | PA; QL; PV                |
| DEXCOM G6 TRANSMITTER                 | 2    | PA; QL; PV                |
| DEXCOM G7 RECEIVER                    | 2    | PA; QL; PV                |
| DEXCOM G7 SENSOR                      | 2    | PA; QL; PV                |
| DIATRUE CONTROL SOLN NORMAL           | 3    | PV                        |
| DIATRUE CONTROL SOLUTION HIGH         | 3    | PV                        |
| DIATRUE CONTROL SOLUTION LOW          | 3    | PV                        |
| DROPLET LANCETS                       | 3    | PV                        |
| DROPLET LANCING DEVICE                | 3    | PV                        |
| EASY COMFORT LANCETS                  | 3    | PV                        |

| Product Description            | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| EASY MINI EJECT LANCING DEVICE | 3    | PV                        |
| EASY PLUS II HIGH CONTROL      | 3    | PV                        |
| EASY PLUS II LOW CONTROL       | 3    | PV                        |
| EASY STEP HIGH CONTROL SOLN    | 3    | PV                        |
| EASY STEP LOW CONTROL SOLUTION | 3    | PV                        |
| EASY STEP NORMAL CONTROL SOLN  | 3    | PV                        |
| EASY TALK HIGH CONTROL         | 3    | PV                        |
| EASY TALK LOW CONTROL          | 3    | PV                        |
| EASY TALK PLUS II HIGH CONTROL | 3    | PV                        |
| EASY TALK PLUS II LOW CONTROL  | 3    | PV                        |
| EASY TOUCH BLU CTRL SOLN-L1,L3 | 3    | PV                        |
| EASY TOUCH HIGH-LOW CONTROL    | 3    | PV                        |
| EASY TOUCH LANCETS             | 3    | PV                        |
| EASY TOUCH LANCING DEVICE      | 3    | PV                        |
| EASY TOUCH SAFETY LANCETS      | 3    | PV                        |
| EASY TOUCH TWIST LANCETS       | 3    | PV                        |
| EASY TRAK HIGH CONTROL         | 3    | PV                        |
| EASY TRAK II CTRL SOLN-NORMAL  | 3    | PV                        |
| EASY TRAK LOW CONTROL          | 3    | PV                        |
| EASY TWIST AND CAP LANCETS     | 3    | PV                        |
| EASYMAX 15 LEVEL 2             | 3    | PV                        |
| EASYMAX NORMAL CONTROL         | 3    | PV                        |
| ELEMENT COMPACT HIGH CONTROL   | 3    | PV                        |
| ELEMENT COMPACT NORMAL CONTROL | 3    | PV                        |
| ELEMENT HIGH CONTROL           | 3    | PV                        |
| ELEMENT LOW CONTROL            | 3    | PV                        |
| ELEMENT NORMAL CONTROL         | 3    | PV                        |
| EMBRACE EVO LEVEL 1            | 3    | PV                        |
| EMBRACE GLUCOSE CONTROL HIGH   | 3    | PV                        |
| EMBRACE GLUCOSE CONTROL LOW    | 3    | PV                        |
| EMBRACE LANCETS                | 3    | PV                        |
| EMBRACE PRO                    | 3    | PV                        |
| EMBRACE TALK CONTROL-HIGH (L2) | 3    | PV                        |
| EMBRACE TALK CONTROL-LOW (L1)  | 3    | PV                        |
| EVENCARE G3 CONTROL            | 3    | PV                        |
| EVOLUTION NORMAL CONTROL       | 3    | PV                        |
| E-Z JECT LANCETS               | 1    | PV                        |
| E-Z JECT THIN LANCETS          | 1    | PV                        |
| EZ SMART LANCETS               | 3    | PV                        |
| FINGERSTIX LANCETS             | 3    | PV                        |
| FORA HIGH CONTROL              | 3    | PV                        |
| FORA LANCING DEVICE            | 3    | PV                        |
| FORA LOW CONTROL               | 3    | PV                        |
| FORA NORMAL CONTROL            | 3    | PV                        |
| FORACARE GDH HIGH CONTROL      | 3    | PV                        |
| FORACARE GDH LOW CONTROL       | 3    | PV                        |
| FORACARE GDH NORMAL CONTROL    | 3    | PV                        |
| FORACARE LANCETS               | 3    | PV                        |
| FREESTYLE CONTROL              | 3    | PV                        |
| FREESTYLE FLASH SYSTEM         | 2    | PV                        |

| Product Description            | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| FREESTYLE FREEDOM              | 2    | PV                        |
| FREESTYLE FREEDOM LITE         | 2    | PV                        |
| FREESTYLE INSULINX             | 2    | PV                        |
| FREESTYLE LANCETS              | 3    | PV                        |
| FREESTYLE LIBRE 14 DAY READER  | 2    | QL; PV                    |
| FREESTYLE LIBRE 14 DAY SENSOR  | 2    | QL; PV                    |
| FREESTYLE LIBRE 2 PLUS SENSOR  | 2    | QL; PV                    |
| FREESTYLE LIBRE 2 READER       | 2    | QL; PV                    |
| FREESTYLE LIBRE 2 SENSOR       | 2    | QL; PV                    |
| FREESTYLE LIBRE 3 PLUS SENSOR  | 2    | QL; PV                    |
| FREESTYLE LIBRE 3 READER       | 2    | QL; PV                    |
| FREESTYLE LIBRE 3 SENSOR       | 2    | QL; PV                    |
| FREESTYLE LITE METER           | 2    | PV                        |
| FREESTYLE PRECISION NEO METER  | 2    | PV                        |
| FREESTYLE SYSTEM KIT           | 2    | PV                        |
| FREESTYLE UNISTIK 2            | 3    | PV                        |
| GE100 CONTROL SOLUTION NORMAL  | 3    | PV                        |
| GENTEEL VACUUM LANCING DEVICE  | 3    | PV                        |
| GLUCOCARD 01 HI-NORMAL CONTROL | 3    | PV                        |
| GLUCOCARD 01 NORMAL CONTROL    | 3    | PV                        |
| GLUCOCARD EXPRESSION SOLUTION  | 3    | PV                        |
| GLUCOCARD SHINE                | 3    | PV                        |
| GLUCOCOM AUTOLINK              | 3    | PV                        |
| GLUCOCOM CONTROL HIGH          | 3    | PV                        |
| GLUCOCOM CONTROL NORMAL        | 3    | PV                        |
| GLUCOCOM LANCETS               | 3    | PV                        |
| GLUCOSE CONTROL                | 3    | PV                        |
| GLUCOSE KETONE CONTROL SOLN    | 3    | PV                        |
| GOJJI GLUCOSE CNTRL SOL-NORMAL | 3    | PV                        |
| HEALTHPRO HIGH-LOW CONTROL     | 3    | PV                        |
| HYPOLANCE AST LANCING          | 3    | PV                        |
| IHEALTH CONTROL SOLN LEVEL 2   | 3    | PV                        |
| INCONTROL LANCING DEVICE       | 3    | PV                        |
| INCONTROL SUPER THIN LANCETS   | 3    | PV                        |
| INCONTROL ULTRA THIN LANCETS   | 3    | PV                        |
| INFINITY CONTROL SOLUTION HIGH | 3    | PV                        |
| INFINITY CONTROL SOLUTION LOW  | 3    | PV                        |
| INFINITY CONTROL SOLUTION NORM | 3    | PV                        |
| INJECT EASE LANCETS            | 3    | PV                        |
| INSUL-CAP                      | 3    | PV                        |
| INSUL-EZE                      | 3    | PV                        |
| INVACARE LANCETS               | 3    | PV                        |
| LANCETS                        | 3    | PV                        |
| LANCETS, SUPER THIN            | 3    | PV                        |
| LANCETS,THIN                   | 3    | PV                        |
| LANCETS,ULTRA THIN             | 3    | PV                        |
| LANCING DEVICE                 | 3    | PV                        |
| LANCING DEVICE WITH LANCETS    | 3    | PV                        |
| LANCING SYSTEM                 | 3    | PV                        |
| LANZO LANCING DEVICE           | 3    | PV                        |

| Product Description                                | Tier | Limits/Restrictions/Notes |
|----------------------------------------------------|------|---------------------------|
| MEDISENSE                                          | 3    | PV                        |
| MEDISENSE GLUCOSE KETONE                           | 3    | PV                        |
| MEDISENSE MID CONTROL                              | 3    | PV                        |
| MEDISENSE THIN LANCETS                             | 3    | PV                        |
| MEDLANCE PLUS 21G LANCETS UNIVERSAL                | 1    |                           |
| MEDLANCE PLUS 30G LANCETS SUPERLITE                | 1    |                           |
| MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE | 3    | PV                        |
| MEDLANCE PLUS LITE 25G LANCETS 25G                 | 1    |                           |
| MEDLANCE PLUS SPECIAL BLADE                        | 3    | PV                        |
| MICRO THIN LANCETS                                 | 3    | PV                        |
| MICRODOT HIGH-LOW CONTROL                          | 3    | PV                        |
| MICRODOT NORMAL CONTROL                            | 3    | PV                        |
| MICROLET 2 LANCING DEVICE                          | 3    | PV                        |
| MICROLET LANCET                                    | 3    | PV                        |
| MICROLET NEXT LANCING DEVICE                       | 3    | PV                        |
| MINI LANCING DEVICE                                | 3    | PV                        |
| MONOLET LANCETS                                    | 3    | PV                        |
| MONOLET THIN LANCETS                               | 3    | PV                        |
| MULTI-LANCET DEVICE 2                              | 3    | PV                        |
| MYGLUCOHEALTH CONTROL SOLUTION                     | 3    | PV                        |
| MYGLUCOHEALTH LANCETS                              | 3    | PV                        |
| NOVA SAFETY LANCETS                                | 3    | PV                        |
| NOVA SUREFLEX LANCETS                              | 3    | PV                        |
| NOVAMAX PLUS GLU-KET                               | 3    | PV                        |
| ON CALL EXPRESS CONTROL                            | 3    | PV                        |
| ON CALL LANCET                                     | 3    | PV                        |
| ON CALL LANCING DEVICE                             | 3    | PV                        |
| ONETOUCH DELICA PLUS LANC DEV                      | 3    | PV                        |
| ONETOUCH DELICA PLUS LANCET                        | 3    | PV                        |
| ONETOUCH DELICA SAFETY LANCET                      | 3    | PV                        |
| ONETOUCH ULTRA CONTROL                             | 3    | PV                        |
| ONETOUCH ULTRASOFT 2 LANCET                        | 3    | PV                        |
| ONETOUCH VERIO HIGH CONTROL                        | 3    | PV                        |
| ONETOUCH VERIO MID CONTROL                         | 3    | PV                        |
| ON-THE-GO LANCETS                                  | 3    | PV                        |
| OVAL TAPE                                          | 3    | PV                        |
| PIP GLUCOSE CONTROL SOLN L1-L2                     | 3    | PV                        |
| PIP LANCET                                         | 3    | PV                        |
| PRECISION XTRA MONITOR                             | 2    | PV                        |
| PRESSURE ACTIVATED LANCETS                         | 3    | PV                        |
| PRO COMFORT LANCET                                 | 3    | PV                        |
| PRODIGY CONTROL SOLUTION, LOW                      | 3    | PV                        |
| PRODIGY CONTROL SOLUTION,HIGH                      | 3    | PV                        |
| PRODIGY LANCETS                                    | 3    | PV                        |
| PRODIGY LANCING DEVICE                             | 3    | PV                        |
| PRODIGY TWIST TOP LANCET                           | 3    | PV                        |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE                | 3    | PV                        |
| REFUAH PLUS GLUCOSE CONTROL                        | 3    | PV                        |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE                 | 3    | PV                        |
| RELIAMED MINI LANCING DEVICE                       | 3    | PV                        |

| Product Description                           | Tier | Limits/Restrictions/Notes |
|-----------------------------------------------|------|---------------------------|
| RELIAMED SAFETY SEAL LANCETS                  | 3    | PV                        |
| RIGHTEST CONTROL SOLUTION HIGH                | 3    | PV                        |
| RIGHTEST CONTROL SOLUTION NORM                | 3    | PV                        |
| RIGHTEST GD500 LANCING DEVICE                 | 3    | PV                        |
| RIGHTEST GL300 LANCETS                        | 3    | PV                        |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE             | 3    | PV                        |
| SAFETY SEAL LANCETS                           | 3    | PV                        |
| SAFETY-LET LANCETS                            | 3    | PV                        |
| SIL-SERTER                                    | 3    | PV                        |
| SINGLE-LET                                    | 3    | PV                        |
| SMART SENSE LANCETS                           | 3    | PV                        |
| SMARTDIABETES VANTAGE                         | 3    | PV                        |
| SMARTEST CONTROL                              | 3    | PV                        |
| SMARTEST LANCET                               | 3    | PV                        |
| SOLUS V2 CONTROL SOLUTION, LOW                | 3    | PV                        |
| SOLUS V2 CONTROL SOLUTION,HIGH                | 3    | PV                        |
| SOLUS V2 LANCETS                              | 3    | PV                        |
| SOLUS V2 LANCING DEVICE                       | 3    | PV                        |
| STERILANCE TL                                 | 3    | PV                        |
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE         | 3    | PV                        |
| SURE COMFORT LANCETS                          | 3    | PV                        |
| SURE COMFORT LANCING PEN                      | 3    | PV                        |
| SUREFLEX DEVICE WITH LANCETS                  | 3    | PV                        |
| SURE-LANCE                                    | 3    | PV                        |
| SURE-LANCE ULTRA THIN                         | 3    | PV                        |
| SURE-PEN LANCING DEVICE                       | 3    | PV                        |
| SURE-TEST EASYPLUS MINI SOLUTION              | 3    | PV                        |
| SURE-TOUCH LANCET                             | 3    | PV                        |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE | 3    | PV                        |
| TELCARE CONTROL                               | 3    | PV                        |
| TELCARE LANCETS                               | 3    | PV                        |
| THIN LANCETS                                  | 3    | PV                        |
| TOPCARE UNIVERSAL1 LANCET                     | 3    | PV                        |
| TRUE COMFORT LANCET                           | 3    | PV                        |
| TRUE METRIX LEVEL 1                           | 3    | PV                        |
| TRUE METRIX LEVEL 2                           | 3    | PV                        |
| TRUE METRIX LEVEL 3                           | 3    | PV                        |
| TRUEDRAW LANCING DEVICE                       | 3    | PV                        |
| TRUEPLUS LANCETS                              | 3    | PV                        |
| TWIST LANCETS                                 | 3    | PV                        |
| ULTI-LANCE                                    | 3    | PV                        |
| ULTILET BASIC LANCETS                         | 3    | PV                        |
| ULTILET CLASSIC LANCETS                       | 3    | PV                        |
| ULTILET LANCETS                               | 3    | PV                        |
| ULTILET SAFETY LANCETS                        | 3    | PV                        |
| ULTRA THIN II LANCETS                         | 3    | PV                        |
| ULTRA THIN LANCETS                            | 3    | PV                        |
| ULTRA THIN PLUS LANCETS                       | 3    | PV                        |
| ULTRA TLC LANCETS                             | 3    | PV                        |
| ULTRA-CARE LANCETS                            | 3    | PV                        |

| Product Description                                                                                                                                                      | Tier | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| ULTRALANCE LANCETS                                                                                                                                                       | 3    | PV                        |
| ULTRA-THIN II LANCETS                                                                                                                                                    | 3    | PV                        |
| ULTRATRAK HIGH-LOW CONTROL                                                                                                                                               | 3    | PV                        |
| ULTRATRAK NORMAL CONTROL                                                                                                                                                 | 3    | PV                        |
| ULTRATRAK ULTIMATE SOLUTION                                                                                                                                              | 3    | PV                        |
| UNILET COMFORTOUCH LANCET                                                                                                                                                | 3    | PV                        |
| UNILET GP LANCET                                                                                                                                                         | 3    | PV                        |
| UNILET LANCET                                                                                                                                                            | 3    | PV                        |
| UNILET LANCETS                                                                                                                                                           | 3    | PV                        |
| UNILET SUPER THIN LANCETS                                                                                                                                                | 3    | PV                        |
| UNISTIK 2 DEVICE                                                                                                                                                         | 3    | PV                        |
| UNISTIK 2 NORMAL LANCET                                                                                                                                                  | 3    | PV                        |
| UNISTIK 3 COMFORT LANCET                                                                                                                                                 | 3    | PV                        |
| UNISTIK 3 EXTRA LANCET                                                                                                                                                   | 3    | PV                        |
| UNISTIK 3 GENTLE                                                                                                                                                         | 3    | PV                        |
| UNISTIK 3 NORMAL LANCET                                                                                                                                                  | 3    | PV                        |
| UNISTIK COMFORT LANCETS                                                                                                                                                  | 3    | PV                        |
| UNISTIK CZT LANCET                                                                                                                                                       | 3    | PV                        |
| UNISTIK EXTRA LANCETS                                                                                                                                                    | 3    | PV                        |
| UNISTIK NORMAL LANCETS                                                                                                                                                   | 3    | PV                        |
| UNISTIK PRO LANCET                                                                                                                                                       | 3    | PV                        |
| UNISTIK SAFETY                                                                                                                                                           | 3    | PV                        |
| UNISTIK TOUCH LANCETS                                                                                                                                                    | 3    | PV                        |
| UNISTRIP LOW CONTROL                                                                                                                                                     | 3    | PV                        |
| UNIVERSAL 1 LANCETS                                                                                                                                                      | 3    | PV                        |
| VIVAGUARD INO CTRL SOLN-L1,2,3                                                                                                                                           | 3    | PV                        |
| VIVAGUARD INO CTRL SOLN-L1,L3                                                                                                                                            | 3    | PV                        |
| VIVAGUARD INO CTRL SOLN-L2                                                                                                                                               | 3    | PV                        |
| VIVAGUARD LANCET                                                                                                                                                         | 3    | PV                        |
| VIVAGUARD LANCING DEVICE                                                                                                                                                 | 3    | PV                        |
| VIVAGUARD SAFETY LANCET                                                                                                                                                  | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME - INSULIN NEEDLES-SYRINGES AND ADMIN SUPPLIES</b>                                                                                            |      |                           |
| 1ST TIER UNIFINE PENTIPS                                                                                                                                                 | 3    | PV                        |
| 1ST TIER UNIFINE PENTIPS PLUS                                                                                                                                            | 3    | PV                        |
| ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"                                                                        | 3    | PV                        |
| ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | 3    | PV                        |
| ASSURE ID PEN NEEDLE                                                                                                                                                     | 3    | PV                        |
| AUTOJECT 2 INJECTION DEVICE                                                                                                                                              | 3    | PV                        |
| AUTOPEN 1 TO 21 UNITS                                                                                                                                                    | 3    | PV                        |
| AUTOPEN 2 TO 42 UNITS                                                                                                                                                    | 3    | PV                        |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"                                                                                                                         | 3    | PV                        |
| BD SAFETYGLIDE INSULIN SYRINGE                                                                                                                                           | 3    | PV                        |
| BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"                                                                                                                      | 3    | PV                        |
| CAREFINE PEN NEEDLE                                                                                                                                                      | 3    | PV                        |
| CARETOUCH INSULIN SYRINGE                                                                                                                                                | 3    | PV                        |
| CARETOUCH PEN NEEDLE                                                                                                                                                     | 3    | PV                        |
| CLICKFINE PEN NEEDLE                                                                                                                                                     | 3    | PV                        |

| Product Description                                                                                                                                                                                                                                                                                                                                                                                                            | Tier | Limits/Restrictions/Notes |
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| COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" | 3    | PV                        |
| COMFORT EZ PEN NEEDLES                                                                                                                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| 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", 0.5 ML 30 GAUGE X 15/64"                                                                                                                                                                                                                                    | 3    | PV                        |
| DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16                                                                                                   | 3    | PV                        |
| DROPLET PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| DROPSAFE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| DROPSAFE PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"                                                                                                                                                     | 3    | PV                        |
| EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"                                                                                                                                                                                                                                                                     | 3    | PV                        |
| EASY GLIDE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| EASY GLIDE PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| EASY TOUCH FLIPLOCK INSULIN                                                                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| EASY TOUCH INSULIN SAFETY SYR                                                                                                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"                                                                                                         | 3    | PV                        |
| EASY TOUCH LUER LOCK INSULIN                                                                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| EASY TOUCH NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| EASY TOUCH PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| EASY TOUCH SHEATHLOCK INSULIN                                                                                                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| EASY TOUCH UNI-SLIP SYRINGE 1 ML                                                                                                                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| EXEL INSULIN                                                                                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| FREESTYLE PRECISION                                                                                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| HEALTHWISE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| HEALTHWISE PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| INCONTROL PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| INPEN (FOR HUMALOG) BLUE                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | QL; PV                    |
| INPEN (FOR HUMALOG) GREY                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | QL; PV                    |
| INPEN (FOR HUMALOG) PINK                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | QL; PV                    |
| INPEN (NOVOLOG OR FIASP) BLUE                                                                                                                                                                                                                                                                                                                                                                                                  | 3    | QL; PV                    |
| INPEN (NOVOLOG OR FIASP) GREY                                                                                                                                                                                                                                                                                                                                                                                                  | 3    | QL; PV                    |
| INPEN (NOVOLOG OR FIASP) PINK                                                                                                                                                                                                                                                                                                                                                                                                  | 3    | QL; PV                    |
| INSULIN SYR/NDL U100 HALF MARK                                                                                                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |

| Product Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tier | Limits/Restrictions/Notes |
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| 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" | 3    | PV                        |
| insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1    | PV                        |
| INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| MAXICOMFORT II PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| MAXICOMFORT INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| MAXI-COMFORT INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| MAXICOMFORT SAFETY PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| MINI ULTRA-THIN II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| MONOJECT INSULIN SAFETY SYRING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| MONOJECT ULTRA COMFORT INSULIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| NOVOFINE 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| NOVOFINE PLUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| NOVOPEN ECHO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| PARADIGM RESERVOIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/3", 31 GAUGE X 1/4", 31 GAUGE X 1/6", 31 GAUGE X 15/64", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| PEN NEEDLE, DIABETIC, SAFETY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| PENTIPS PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| PRO COMFORT INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| PRODIGY INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| SAFETY PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| SECURESAFE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| SURE COMFORT PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| SURE-FINE PEN NEEDLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3    | PV                        |

| Product Description                                                                                                                                                                                                                                                                                                                   | Tier | Limits/Restrictions/Notes |
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| TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16                                                                                                                                                                                                                                   | 3    | PV                        |
| TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"                                                                                                                                                                   | 3    | PV                        |
| TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"                                                                                                                                                                                                                     | 3    | PV                        |
| TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 30 X 3/8"                                                                                                                                                                                                                       | 3    | PV                        |
| thinpro insulin syringe syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 29 gauge x 1/2", 1 ml 29 gauge x 1/2"                                                                                                                                                                                                                                  | 1    | PV                        |
| THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"                                                                                                                                                                                                                                                    | 3    | PV                        |
| TOPCARE CLICKFINE                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| 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"                                                                                                                                                                                                                                    | 3    | PV                        |
| TRUE COMFORT INSULIN SYRINGE                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"                                                                                                                                                                                                                | 3    | PV                        |
| TRUE COMFORT PRO INS SYRINGE                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| TRUEPLUS INSULIN                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| TRUEPLUS PEN NEEDLE                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| ULTICARE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| ULTICARE INSULN SYR(HALF UNIT)                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| ULTICARE PEN NEEDLE                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| ULTICARE SYR 0.3 ML 30GX1/2" (WITH SYRINGE CONTAINER)                                                                                                                                                                                                                                                                                 | 3    |                           |
| ULTICARE SYR 0.3 ML 30GX1/2" (WITH SYRINGE CONTAINER)                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| ULTICARE SYR 0.5 ML 30GX1/2" (WITH SYRINGE CONTAINER)                                                                                                                                                                                                                                                                                 | 3    |                           |
| ULTICARE SYR 0.5 ML 30GX1/2" (WITH SYRINGE CONTAINER)                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| ulticare syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 1 ml 30 gauge x 1/2"                                                                                                                                                                                                                                                 | 1    | PV                        |
| ULTICARE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16                                                                                                                                                                                                                                               | 3    | PV                        |
| ULTICARE SYRINGE 1 ML 30GX1/2" (WITH SYRINGE CONTAINER)                                                                                                                                                                                                                                                                               | 3    |                           |
| ULTICARE SYRINGE 1 ML 30GX1/2" (WITH SYRINGE CONTAINER)                                                                                                                                                                                                                                                                               | 3    | PV                        |
| ULTIGUARD SAFEPAK-INSULIN SYR                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| ULTIGUARD SAFEPAK-PEN NEEDLE                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 29                                                                                                                                                                                       | 3    | PV                        |
| ULTILET PEN NEEDLE                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| ULTRA CMFT INS SYR (HALF UNIT)                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| ULTRA COMFORT INSULIN SYRINGE 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 | 3    | PV                        |
| ULTRA FLO INSUL SYR(HALF UNIT)                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| ULTRA FLO INSULIN SYRINGE                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| ULTRA THIN PEN NEEDLE                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| ULTRACARE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| ULTRACARE PEN NEEDLE                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| ULTRA-THIN II (SHORT) INS SYR                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| ULTRA-THIN II (SHORT) PEN NDL                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| ULTRA-THIN II INS PEN NEEDLES                                                                                                                                                                                                                                                                                                         | 3    | PV                        |

| Product Description                                                                                                                                                                                                                                                                                                                                 | Tier | Limits/Restrictions/Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| ULTRA-THIN II INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"                                                                                                                                                                                                    | 3    | PV                        |
| UNIFINE PENTIPS PLUS                                                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| VANISHPOINT INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                                                                                                                                                                                                                                            | 3    | PV                        |
| VERIFINE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME - IV SETS-TUBING</b>                                                                                                                                                                                                                                                                                                    |      |                           |
| IV ADMINISTRATION SET                                                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| SCALP VEIN SET                                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME - MALE CONDOMS</b>                                                                                                                                                                                                                                                                                                      |      |                           |
| AIMSCO LATEX CONDOM                                                                                                                                                                                                                                                                                                                                 | 3    | Covered in full*          |
| DUREX AVANTI BARE REAL FEEL                                                                                                                                                                                                                                                                                                                         | 3    | Covered in full*          |
| FANTASY CONDOM                                                                                                                                                                                                                                                                                                                                      | 3    | Covered in full*          |
| KIMONO MICROTHIN AQUA LUBE CON                                                                                                                                                                                                                                                                                                                      | 3    | Covered in full*          |
| KIMONO MICROTHIN CONDOMS                                                                                                                                                                                                                                                                                                                            | 3    | Covered in full*          |
| KIMONO MICROTHIN LARGE CONDOMS                                                                                                                                                                                                                                                                                                                      | 3    | Covered in full*          |
| KIMONO TEXTURED CONDOMS                                                                                                                                                                                                                                                                                                                             | 3    | Covered in full*          |
| TRUSTEX LATEX CONDOM                                                                                                                                                                                                                                                                                                                                | 3    | Covered in full*          |
| TRUSTEX LUBRICATED CONDOMS                                                                                                                                                                                                                                                                                                                          | 3    | Covered in full*          |
| TRUSTEX NON-LUB CONDOMS                                                                                                                                                                                                                                                                                                                             | 3    | Covered in full*          |
| TRUSTEX-RIA LUB/SPERMICIDE                                                                                                                                                                                                                                                                                                                          | 3    | Covered in full*          |
| TRUSTEX-RIA NON-LUB CONDOMS                                                                                                                                                                                                                                                                                                                         | 3    | Covered in full*          |
| <b>MEDICAL SUPPLIES AND DME - MISCELLANEOUS OTHER</b>                                                                                                                                                                                                                                                                                               |      |                           |
| T:FLEX                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME - NEEDLES AND SYRINGES</b>                                                                                                                                                                                                                                                                                              |      |                           |
| BD BLUNT PLASTIC CANNULA SYRINGE                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| BD BULK SYRINGE SLIP TIP SYRINGE 1 ML                                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| BD ECLIPSE                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 30 X 1/2 "                                                                                                                                                                                                                                                                         | 3    | PV                        |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8"                                                                                                                                                                                                                                                                  | 3    | PV                        |
| BD FILTER NEEDLE 5-MICRON NOKO                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| BD FILTER NEEDLE-5 MICRON                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| BD INTEGRA NEEDLE                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| BD INTEGRA SYRINGE 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"                                                                                                                                                                                                                                     | 3    | PV                        |
| BD INTERLINK BLUNT PLASTIC CAN                                                                                                                                                                                                                                                                                                                      | 3    |                           |
| BD INTERLINK SYRINGE                                                                                                                                                                                                                                                                                                                                | 3    |                           |
| BD INTRADERMAL BEVEL NEEDLES                                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| BD LUER-LOK BULK SYRINGE                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| BD LUER-LOK SYRINGE SYRINGE 1 ML, 1 ML 20 GAUGE X 1", 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2", 20 ML, 3 ML, 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8", 5 ML, 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 50 ML | 3    | PV                        |
| BD LUER-LOK TIP CONTROL SYRING                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| BD NOKOR ADMIX NEEDLE                                                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| BD PRECISIONGLIDE NEEDLE                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |

| Product Description                                                                                                                                                                                                                                           | Tier | Limits/Restrictions/Notes |
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| 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"                                                                                                | 3    | PV                        |
| BD QUINCKE SPINAL NEEDLE                                                                                                                                                                                                                                      | 3    |                           |
| 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" | 3    | PV                        |
| BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8"                                                                                                          | 3    | PV                        |
| BD SAFETYGLIDE SHIELDING REG                                                                                                                                                                                                                                  | 3    | PV                        |
| BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"                                                                                                                                                                               | 3    | PV                        |
| BD SAFETYGLIDE TB REG BEVEL                                                                                                                                                                                                                                   | 3    | PV                        |
| BD SLIP TIP SYRINGE                                                                                                                                                                                                                                           | 3    | PV                        |
| B-D SLIP TIP SYRINGE                                                                                                                                                                                                                                          | 3    | PV                        |
| BD SPECIALTY USE NEEDLES                                                                                                                                                                                                                                      | 3    | PV                        |
| BD SYRINGE                                                                                                                                                                                                                                                    | 3    | PV                        |
| BD SYRINGE CATH TIP NONSTERILE                                                                                                                                                                                                                                | 3    | PV                        |
| BD SYRINGE CATHETER TIP                                                                                                                                                                                                                                       | 3    | PV                        |
| BD SYRINGE LUER-LOK NONSTERILE                                                                                                                                                                                                                                | 3    | PV                        |
| BD SYRINGE LUER-LOK STERILE                                                                                                                                                                                                                                   | 3    | PV                        |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML                                                                                                                                                                                                                  | 3    | PV                        |
| BD SYRINGE-DUAL CANNULA                                                                                                                                                                                                                                       | 3    | PV                        |
| BD TUBERCULIN SLIP-TIP SYRINGE 1 ML                                                                                                                                                                                                                           | 3    | PV                        |
| BD TUBERCULIN SYRINGE                                                                                                                                                                                                                                         | 3    | PV                        |
| BLUNT NEEDLE, DISPOSABLE NEEDLE 18 X 1 1/2 ", 22 X 1 1/2 "                                                                                                                                                                                                    | 3    | PV                        |
| CAREPOINT LUER LOCK SYRINGE                                                                                                                                                                                                                                   | 3    | PV                        |
| CAREPOINT LUER LOCK SYR-NEEDLE                                                                                                                                                                                                                                | 3    | PV                        |
| CAREPOINT LUER SLIP SYRINGE                                                                                                                                                                                                                                   | 3    | PV                        |
| CAREPOINT LUER SLIP SYRING-NDL                                                                                                                                                                                                                                | 3    | PV                        |
| CAREPOINT SAFETY LL SYR-NEEDLE                                                                                                                                                                                                                                | 3    | PV                        |
| CARETOUCH LUER LOCK SYRINGE                                                                                                                                                                                                                                   | 3    | PV                        |
| CARETOUCH LUER LOCK SYR-NEEDLE                                                                                                                                                                                                                                | 3    | PV                        |
| CARETOUCH LUER SLIP SYRINGE                                                                                                                                                                                                                                   | 3    | PV                        |
| DAVOL IRRIGATION SYRINGE                                                                                                                                                                                                                                      | 3    | PV                        |
| DAVOL PISTON IRRIGATION                                                                                                                                                                                                                                       | 3    | PV                        |
| DOVER BULB SYRINGE                                                                                                                                                                                                                                            | 3    | PV                        |
| EASY GLIDE CATHETER TIP SYRING                                                                                                                                                                                                                                | 3    | PV                        |
| EASY GLIDE LUER LOCK SYRINGE                                                                                                                                                                                                                                  | 3    | PV                        |
| EASY GLIDE LUER SLIP TB SYRING                                                                                                                                                                                                                                | 3    | PV                        |
| EASY TOUCH FLIPLOCK NEEDLE                                                                                                                                                                                                                                    | 3    | PV                        |
| EASY TOUCH FLIPLOCK SYRINGE                                                                                                                                                                                                                                   | 3    | PV                        |
| EASY TOUCH FLURINGE                                                                                                                                                                                                                                           | 3    | PV                        |
| EASY TOUCH FLURINGE FLIPLOCK                                                                                                                                                                                                                                  | 3    | PV                        |
| EASY TOUCH FLURINGE SHEATHLOCK                                                                                                                                                                                                                                | 3    | PV                        |
| EASY TOUCH HYPODERMIC NEEDLE                                                                                                                                                                                                                                  | 3    | PV                        |
| EASY TOUCH LUER LOCK SYRINGE                                                                                                                                                                                                                                  | 3    | PV                        |
| EASY TOUCH SHEATHLOCK SYRG-NDL                                                                                                                                                                                                                                | 3    | PV                        |
| EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML, 3 ML                                                                                                                                                                                                             | 3    | PV                        |
| EASY TOUCH SYRINGE                                                                                                                                                                                                                                            | 3    | PV                        |

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

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

| Product Description                                                                                                                                                                                                                                                                                                         | Tier | Limits/Restrictions/Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| ULTICARE TB SAFETY SYRINGE                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" | 3    | PV                        |
| VANISHPOINT TUBERCULIN SYRINGE                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| YALE DISPOSABLE NEEDLES                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME - PARENTERAL THERAPY SUPPLIES</b>                                                                                                                                                                                                                                                               |      |                           |
| BD Q-SYTE MDV ADAPTER                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| BD Q-SYTE SPLIT-SEPT DEVICE                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| DISPOSABLE POWER                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| PHASEAL PROTECTOR                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| SYRINGE FILTER 50-0.22 MM-MICRON                                                                                                                                                                                                                                                                                            | 3    |                           |
| <b>MEDICAL SUPPLIES AND DME - PEAK FLOW METERS</b>                                                                                                                                                                                                                                                                          |      |                           |
| ASTHMA CHECK METER                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| MINI WRIGHT PEAK FLOW METER                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| PERSONAL BEST FULL RANGE                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME - RESPIRATORY THERAPY SUPPLIES</b>                                                                                                                                                                                                                                                              |      |                           |
| ACE AEROSOL CLOUD ENHANCER                                                                                                                                                                                                                                                                                                  | 3    | QL                        |
| AEROCHAMBER MINI                                                                                                                                                                                                                                                                                                            | 3    | QL                        |
| AEROCHAMBER MV                                                                                                                                                                                                                                                                                                              | 3    | QL                        |
| AEROCHAMBER PLUS FLOW-VU                                                                                                                                                                                                                                                                                                    | 3    | QL                        |
| AEROCHAMBER PLUS FLOW-VU,L MSK                                                                                                                                                                                                                                                                                              | 3    | QL                        |
| AEROCHAMBER PLUS FLOW-VU,M MSK                                                                                                                                                                                                                                                                                              | 3    | QL                        |
| AEROCHAMBER PLUS FLOW-VU,S MSK                                                                                                                                                                                                                                                                                              | 3    | QL                        |
| AEROCHAMBER PLUS Z STAT LG MSK                                                                                                                                                                                                                                                                                              | 3    | QL                        |
| AEROCHAMBER PLUS Z STAT MD MSK                                                                                                                                                                                                                                                                                              | 3    | QL                        |
| AEROCHAMBER PLUS Z STAT SM MSK                                                                                                                                                                                                                                                                                              | 3    | QL                        |
| AEROCHAMBER Z-STAT PLUS-FLW SG                                                                                                                                                                                                                                                                                              | 3    | QL                        |
| AEROTRACH PLUS                                                                                                                                                                                                                                                                                                              | 3    | QL                        |
| AEROVENT PLUS                                                                                                                                                                                                                                                                                                               | 3    | QL                        |
| BREATHERITE MDI SPACER                                                                                                                                                                                                                                                                                                      | 3    | QL                        |
| BREATHERITE SPACER-MASK, NEO.                                                                                                                                                                                                                                                                                               | 3    | QL                        |
| BREATHERITE SPACER-MASK,ADULT                                                                                                                                                                                                                                                                                               | 3    | QL                        |
| BREATHERITE SPACER-MASK,CHILD                                                                                                                                                                                                                                                                                               | 3    | QL                        |
| BREATHERITE SPACER-MASK,INFANT                                                                                                                                                                                                                                                                                              | 3    | QL                        |
| BREATHERITE SPACER-MASK,S.CHLD                                                                                                                                                                                                                                                                                              | 3    | QL                        |
| BREATHERITE VALVED MDI CHAMBER                                                                                                                                                                                                                                                                                              | 3    | QL                        |
| BREATHERITE VALVED MDI SPACER                                                                                                                                                                                                                                                                                               | 3    | QL                        |
| COMPACT SPACE CHAMBER                                                                                                                                                                                                                                                                                                       | 3    | QL                        |
| COMPACT SPACE CHAMBER-LRG MASK                                                                                                                                                                                                                                                                                              | 3    | QL                        |
| COMPACT SPACE CHAMBER-MED MASK                                                                                                                                                                                                                                                                                              | 3    | QL                        |
| COMPACT SPACE CHAMBER-SM MASK                                                                                                                                                                                                                                                                                               | 3    | QL                        |
| EASIVENT HOLDING CHAMBER                                                                                                                                                                                                                                                                                                    | 3    | QL                        |
| EASIVENT MASK LARGE                                                                                                                                                                                                                                                                                                         | 3    | QL                        |
| EASIVENT MASK MEDIUM                                                                                                                                                                                                                                                                                                        | 3    | QL                        |
| EASIVENT MASK SMALL                                                                                                                                                                                                                                                                                                         | 3    | QL                        |
| FLEXICHAMBER-LG CHILD MASK                                                                                                                                                                                                                                                                                                  | 3    | QL                        |
| FLEXICHAMBER-SM ADULT MASK                                                                                                                                                                                                                                                                                                  | 3    | QL                        |
| FLEXICHAMBER-SM CHILD MASK                                                                                                                                                                                                                                                                                                  | 3    | QL                        |

| Product Description                                                     | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------|------|---------------------------|
| LITE TOUCH-MEDIUM MASK                                                  | 3    | QL                        |
| LITEAIRE MDI CHAMBER                                                    | 3    | QL                        |
| LITETOUCH-LARGE MASK                                                    | 3    | QL                        |
| LITETOUCH-SMALL MASK                                                    | 3    | QL                        |
| MICROCHAMBER                                                            | 3    | QL                        |
| MICROSPACER                                                             | 3    | QL                        |
| MOUTHPIECE                                                              | 3    | QL                        |
| ONE WAY VALVED MOUTHPIECE                                               | 3    | QL                        |
| OPTICHAMBER ADULT MASK-LARGE                                            | 3    | QL                        |
| OPTICHAMBER DIAMOND LG MASK                                             | 3    | QL                        |
| OPTICHAMBER DIAMOND VHC                                                 | 3    | QL                        |
| OPTICHAMBER DIAMOND-MED MSK                                             | 3    | QL                        |
| OPTICHAMBER DIAMOND-SML MASK                                            | 3    | QL                        |
| PANDA MASK                                                              | 3    | QL                        |
| PEDIATRIC MEDIUM MASK                                                   | 3    | QL                        |
| PEDIATRIC PANDA MASK                                                    | 3    | QL                        |
| PEDIATRIC SMALL MASK                                                    | 3    | QL                        |
| POCKET CHAMBER                                                          | 3    | QL                        |
| PRIMEAIRE                                                               | 3    | QL                        |
| PROCARE SPACER WITH ADULT MASK                                          | 3    | QL                        |
| PROCARE SPACER WITH CHILD MASK                                          | 3    | QL                        |
| PROCHAMBER                                                              | 3    | QL                        |
| RITEFLO AEROCHAMBER                                                     | 3    | QL                        |
| SIDESTREAM PEDIATRIC FACE MASK                                          | 3    | QL                        |
| SILICONE MASK - INFANT                                                  | 3    | QL                        |
| SILICONE MASK - PEDIATRIC                                               | 3    | QL                        |
| SPACE CHAMBER                                                           | 3    | QL                        |
| SPACE CHAMBER WITH LARGE MASK                                           | 3    | QL                        |
| SPACE CHAMBER WITH MEDIUM MASK                                          | 3    | QL                        |
| SPACE CHAMBER WITH SMALL MASK                                           | 3    | QL                        |
| VORTEX ADULT MASK                                                       | 3    | QL                        |
| VORTEX HOLDING CHAMBER                                                  | 3    | QL                        |
| <b>MEDICAL SUPPLIES AND DME - SUBCUTANEOUS ADMINISTRATION SUPPLY</b>    |      |                           |
| NERIA SUBCUTANEOUS INFUSION SET 6 MM X 110 CM                           | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME - SUBCUTANEOUS INSULIN DELIVERY DEVICES</b> |      |                           |
| ILET STARTER KIT CONTACT                                                | 3    |                           |
| ILET STARTER KIT-INSET                                                  | 3    |                           |
| OMNIPOD 5 (G6/LIBRE 2 PLUS)                                             | 3    | PA; QL; PV                |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5)                                          | 3    | PA; QL; PV                |
| OMNIPOD 5 G6-G7 PODS (GEN 5)                                            | 3    | PA; QL; PV                |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS)                                          | 3    | PA; QL; PV                |
| OMNIPOD DASH INTRO KIT (GEN 4)                                          | 3    | PA; QL; PV                |
| OMNIPOD DASH PODS (GEN 4)                                               | 3    | PA; QL; PV                |
| V-GO 20                                                                 | 3    | PV                        |
| V-GO 30                                                                 | 3    | PV                        |
| V-GO 40                                                                 | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME - URINE GLUCOSE TESTS</b>                   |      |                           |
| DIASTIX                                                                 | 3    | PV                        |

| Product Description                                                           | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|------|---------------------------|
| <b>MEDICAL SUPPLIES AND DME - URINE GLUCOSE-ACETONE COMBINATION TESTS</b>     |      |                           |
| KETO-DIASTIX                                                                  | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME - URINE KETONE TESTS</b>                          |      |                           |
| CHEK-STIX CONTROL                                                             | 3    | PV                        |
| KETONE CARE                                                                   | 3    | PV                        |
| KETONE URINE TEST                                                             | 3    | PV                        |
| KETOSTIX                                                                      | 3    | PV                        |
| TRUEPLUS KETONE                                                               | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME-GLUCOSE MONITORING AND INSULIN ADMIN SUPPLIES</b> |      |                           |
| AUTOSOFT 30                                                                   | 3    | PV                        |
| AUTOSOFT 90                                                                   | 3    | PV                        |
| AUTOSOFT XC INFUSION SET 23"                                                  | 3    | PV                        |
| AUTOSOFT XC INFUSION SET 32"                                                  | 3    | PV                        |
| AUTOSOFT XC INFUSION SET 43"                                                  | 3    | PV                        |
| MINIMED MIO ADVANCE INF SET23"                                                | 3    | PV                        |
| MINIMED MIO ADVANCE INF SET43"                                                | 3    | PV                        |
| MODD1 SUPPLY KIT                                                              | 3    | QL; PV                    |
| TANDEM MOBI AUTOSOFT 30 KT 23"                                                | 3    | PV                        |
| TANDEM MOBI AUTOSOFT XC KIT 5"                                                | 3    | PV                        |
| TANDEM MOBI AUTOSOFT XC KT 23"                                                | 3    | PV                        |
| TANDEM MOBI AUTOSOFT30 14PK 23                                                | 3    | PV                        |
| TANDEM MOBI AUTOSOFTXC 14PK 23                                                | 3    | PV                        |
| TANDEM MOBI AUTOSOFTXC 14PK 5"                                                | 3    | PV                        |
| TANDEM MOBI TRUSTEEL KIT 23"                                                  | 3    | PV                        |
| TANDEM T:SLIM ASFT 30 PK10 23"                                                | 3    | PV                        |
| TANDEM T:SLIM ASFT 30 PK14 23"                                                | 3    | PV                        |
| TANDEM T:SLIM ASFT XC PK10 23"                                                | 3    | PV                        |
| TANDEM T:SLIM ASFT XC PK14 23"                                                | 3    | PV                        |
| TANDEM T:SLIM TRUSTL PK10 23"                                                 | 3    | PV                        |
| TRUSTEEL INFUSION SET 23"                                                     | 3    | PV                        |
| TRUSTEEL INFUSION SET 32"                                                     | 3    | PV                        |
| VARISOFT INFUSION SET 23"                                                     | 3    | PV                        |
| VARISOFT INFUSION SET 32"                                                     | 3    | PV                        |
| VARISOFT INFUSION SET 43"                                                     | 3    | PV                        |
| <b>MEDICAL SUPPLY, FDB SUPERSET</b>                                           |      |                           |
| <b>MEDICAL SUPPLY, FDB SUPERSET</b>                                           |      |                           |
| 1ST TIER UNIFINE PENTIPS                                                      | 3    | PV                        |
| 1ST TIER UNIFINE PENTIPS PLUS                                                 | 3    | PV                        |
| 2-IN-1 LANCET DEVICE                                                          | 3    | PV                        |
| 2TEK CONTROL (HIGH-NORMAL)                                                    | 3    | PV                        |
| ACCU-CHEK AVIVA CONTROL SOLN                                                  | 3    | PV                        |
| ACCU-CHEK FASTCLIX LANCET DRUM                                                | 3    | PV                        |
| ACCU-CHEK FASTCLIX LANCING DEV                                                | 3    | PV                        |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL                                                | 3    | PV                        |
| ACCU-CHEK SAFE-T-PRO                                                          | 3    | PV                        |
| ACCU-CHEK SAFE-T-PRO PLUS                                                     | 3    | PV                        |
| ACCU-CHEK SMARTVIEW CONTRL SOL                                                | 3    | PV                        |
| ACCU-CHEK SOFT DEV LANCETS                                                    | 3    | PV                        |

| Product Description                                                                                                                                                      | Tier | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| ACCU-CHEK SOFTCLIX LANCETS                                                                                                                                               | 3    | PV                        |
| ACCUTREND GLUCOSE CONTROL                                                                                                                                                | 3    | PV                        |
| ACE AEROSOL CLOUD ENHANCER                                                                                                                                               | 3    | QL                        |
| ACTI-LANCE LANCETS 17 GAUGE, 28 GAUGE                                                                                                                                    | 1    | PV                        |
| ACTI-LANCE LANCETS 23 GAUGE                                                                                                                                              | 3    | PV                        |
| ACTI-LANCE UNIVERS 23G LANCETS                                                                                                                                           | 1    |                           |
| ADJUSTABLE LANCING DEVICE                                                                                                                                                | 3    | PV                        |
| ADVANCED LANCING DEVICE                                                                                                                                                  | 3    | PV                        |
| ADVANCED TRAVEL LANCETS 28 GAUGE                                                                                                                                         | 3    | PV                        |
| ADVOCATE LANCET                                                                                                                                                          | 3    | PV                        |
| ADVOCATE LANCING DEVICE                                                                                                                                                  | 3    | PV                        |
| ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"                                                                        | 3    | PV                        |
| ADVOCATE REDI-CODE PLUS CTRL L                                                                                                                                           | 3    | PV                        |
| ADVOCATE REDI-CODE+ CTRL HIGH                                                                                                                                            | 3    | PV                        |
| ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | 3    | PV                        |
| AEROCHAMBER MINI                                                                                                                                                         | 3    | QL                        |
| AEROCHAMBER MV                                                                                                                                                           | 3    | QL                        |
| AEROCHAMBER PLUS FLOW-VU                                                                                                                                                 | 3    | QL                        |
| AEROCHAMBER PLUS FLOW-VU,L MSK                                                                                                                                           | 3    | QL                        |
| AEROCHAMBER PLUS FLOW-VU,M MSK                                                                                                                                           | 3    | QL                        |
| AEROCHAMBER PLUS FLOW-VU,S MSK                                                                                                                                           | 3    | QL                        |
| AEROCHAMBER PLUS Z STAT LG MSK                                                                                                                                           | 3    | QL                        |
| AEROCHAMBER PLUS Z STAT MD MSK                                                                                                                                           | 3    | QL                        |
| AEROCHAMBER PLUS Z STAT SM MSK                                                                                                                                           | 3    | QL                        |
| AEROCHAMBER Z-STAT PLUS-FLW SG                                                                                                                                           | 3    | QL                        |
| AEROTRACH PLUS                                                                                                                                                           | 3    | QL                        |
| AEROVENT PLUS                                                                                                                                                            | 3    | QL                        |
| AGAMATRIX CONTROL SOLN-HIGH                                                                                                                                              | 3    | PV                        |
| AGAMATRIX CONTROL SOLN-NORMAL                                                                                                                                            | 3    | PV                        |
| AGAMATRIX CONTROL SOLN-NORM-HI                                                                                                                                           | 3    | PV                        |
| AGAMATRIX ULTRA-THIN LANCET                                                                                                                                              | 3    | PV                        |
| AIMSCO LATEX CONDOM                                                                                                                                                      | 3    | Covered in full*          |
| ALKALINE BATTERIES                                                                                                                                                       | 3    | PV                        |
| ALTERNATE SITE LANCET                                                                                                                                                    | 3    | PV                        |
| ALTERNATE SITE LANCING DEVICE                                                                                                                                            | 3    | PV                        |
| AQUA LANCE LANCING DEVICE                                                                                                                                                | 3    | PV                        |
| ASSURE 4 CONTROL SOLUTION                                                                                                                                                | 3    | PV                        |
| ASSURE DOSE NORMAL CONTROL                                                                                                                                               | 3    | PV                        |
| ASSURE DOSE NORM-HI CONTROL                                                                                                                                              | 3    | PV                        |
| ASSURE ID PEN NEEDLE                                                                                                                                                     | 3    | PV                        |
| ASSURE LANCE                                                                                                                                                             | 3    | PV                        |
| ASSURE LANCE PLUS                                                                                                                                                        | 3    | PV                        |
| ASSURE PRISM CONTROL 1-2 SOLN                                                                                                                                            | 3    | PV                        |
| ASTHMA CHECK METER                                                                                                                                                       | 3    | PV                        |
| AUTOJECT 2 INJECTION DEVICE                                                                                                                                              | 3    | PV                        |
| AUTO-LANCET MINI                                                                                                                                                         | 3    | PV                        |
| AUTOLET IMPRESSION LANC DEV                                                                                                                                              | 3    | PV                        |

| Product Description                                                                                                                                                                                                                                                                                                                                 | Tier | Limits/Restrictions/Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| AUTOLET LANCING DEVICE                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| AUTOLET LITE                                                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| AUTOPEN 1 TO 21 UNITS                                                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| AUTOPEN 2 TO 42 UNITS                                                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| AUTOSOFT 30                                                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| AUTOSOFT 90                                                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| AUTOSOFT XC INFUSION SET 23"                                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| AUTOSOFT XC INFUSION SET 32"                                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| AUTOSOFT XC INFUSION SET 43"                                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| BD BLUNT PLASTIC CANNULA SYRINGE                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| BD BULK SYRINGE SLIP TIP SYRINGE 1 ML                                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| BD ECLIPSE                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 30 X 1/2 "                                                                                                                                                                                                                                                                         | 3    | PV                        |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 1 ML 30 GAUGE X 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8"                                                                                                                                                                                                                                            | 3    | PV                        |
| BD FILTER NEEDLE 5-MICRON NOKO                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| BD FILTER NEEDLE-5 MICRON                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| BD INTEGRA NEEDLE                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| BD INTEGRA SYRINGE 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"                                                                                                                                                                                                                                     | 3    | PV                        |
| BD INTERLINK BLUNT PLASTIC CAN                                                                                                                                                                                                                                                                                                                      | 3    |                           |
| BD INTERLINK SYRINGE                                                                                                                                                                                                                                                                                                                                | 3    |                           |
| BD INTRADERMAL BEVEL NEEDLES                                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| BD LUER-LOK BULK SYRINGE                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| BD LUER-LOK SYRINGE SYRINGE 1 ML, 1 ML 20 GAUGE X 1", 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2", 20 ML, 3 ML, 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8", 5 ML, 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 50 ML | 3    | PV                        |
| BD LUER-LOK TIP CONTROL SYRING                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| BD MICROTAINER LANCET                                                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| BD NOKOR ADMIX NEEDLE                                                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| BD PRECISIONGLIDE NEEDLE                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| 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"                                                                                                                                                                                      | 3    | PV                        |
| BD Q-SYTE MDV ADAPTER                                                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| BD Q-SYTE SPLIT-SEPT DEVICE                                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| BD QUINCKE SPINAL NEEDLE                                                                                                                                                                                                                                                                                                                            | 3    |                           |
| BD REGULAR BEVEL NEEDLES 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"                                                                                       | 3    | PV                        |
| BD SAFETYGLIDE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8"                                                                                                                                                                                                | 3    | PV                        |
| BD SAFETYGLIDE SHIELDING REG                                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| BD SAFETYGLIDE SYRINGE 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"                                                                                                                                                                                                                                               | 3    | PV                        |
| BD SAFETYGLIDE TB REG BEVEL                                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| BD SLIP TIP SYRINGE                                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| B-D SLIP TIP SYRINGE                                                                                                                                                                                                                                                                                                                                | 3    | PV                        |

| Product Description                                        | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------|------|---------------------------|
| BD SPECIALTY USE NEEDLES                                   | 3    | PV                        |
| BD SYRINGE                                                 | 3    | PV                        |
| BD SYRINGE CATH TIP NONSTERILE                             | 3    | PV                        |
| BD SYRINGE CATHETER TIP                                    | 3    | PV                        |
| BD SYRINGE LUER-LOK NONSTERILE                             | 3    | PV                        |
| BD SYRINGE LUER-LOK STERILE                                | 3    | PV                        |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML               | 3    | PV                        |
| BD SYRINGE-DUAL CANNULA                                    | 3    | PV                        |
| BD TUBERCULIN SLIP-TIP SYRINGE 1 ML                        | 3    | PV                        |
| BD TUBERCULIN SYRINGE                                      | 3    | PV                        |
| BLOOD GLUCOSE CONTRL HI,NORMAL                             | 3    | PV                        |
| BLOOD GLUCOSE CONTROL, NORMAL                              | 3    | PV                        |
| BLUNT NEEDLE, DISPOSABLE NEEDLE 18 X 1 1/2 ", 22 X 1 1/2 " | 3    | PV                        |
| BREATHERITE MDI SPACER                                     | 3    | QL                        |
| BREATHERITE SPACER-MASK, NEO.                              | 3    | QL                        |
| BREATHERITE SPACER-MASK,ADULT                              | 3    | QL                        |
| BREATHERITE SPACER-MASK,CHILD                              | 3    | QL                        |
| BREATHERITE SPACER-MASK,INFANT                             | 3    | QL                        |
| BREATHERITE SPACER-MASK,S.CHLD                             | 3    | QL                        |
| BREATHERITE VALVED MDI CHAMBER                             | 3    | QL                        |
| BREATHERITE VALVED MDI SPACER                              | 3    | QL                        |
| BREEZE 2 CONTROL SOLUTION, LOW                             | 3    | PV                        |
| BREEZE 2 CONTROL SOLUTION, NML                             | 3    | PV                        |
| BREEZE 2 CONTROL SOLUTION,HIGH                             | 3    | PV                        |
| BULLSEYE MINI SAFETY LANCETS                               | 3    | PV                        |
| CAREFINE PEN NEEDLE                                        | 3    | PV                        |
| CAREONE LANCING DEVICE                                     | 3    | PV                        |
| CAREONE ULTRA THIN LANCET                                  | 3    | PV                        |
| CAREPOINT LUER LOCK SYRINGE                                | 3    | PV                        |
| CAREPOINT LUER LOCK SYR-NEEDLE                             | 3    | PV                        |
| CAREPOINT LUER SLIP SYRINGE                                | 3    | PV                        |
| CAREPOINT LUER SLIP SYRING-NDL                             | 3    | PV                        |
| CAREPOINT SAFETY LL SYR-NEEDLE                             | 3    | PV                        |
| CARESENS CONTROL A AND B                                   | 3    | PV                        |
| CARESENS S CONTROL A AND B                                 | 3    | PV                        |
| CARETOUCH CONTROL SOLN L2-L3                               | 3    | PV                        |
| CARETOUCH INSULIN SYRINGE                                  | 3    | PV                        |
| CARETOUCH LANCING DEVICE                                   | 3    | PV                        |
| CARETOUCH LUER LOCK SYRINGE                                | 3    | PV                        |
| CARETOUCH LUER LOCK SYR-NEEDLE                             | 3    | PV                        |
| CARETOUCH LUER SLIP SYRINGE                                | 3    | PV                        |
| CARETOUCH PEN NEEDLE                                       | 3    | PV                        |
| CARETOUCH TWIST LANCET                                     | 3    | PV                        |
| CAYA CONTOURED                                             | 3    | Covered in full*          |
| CHEK-STIX CONTROL                                          | 3    | PV                        |
| CHEMSTRIP 10 MD                                            | 3    | PV                        |
| CHEMSTRIP 10/SG                                            | 3    | PV                        |
| CHEMSTRIP 2 GP                                             | 3    | PV                        |
| CHEMSTRIP 50B                                              | 3    | PV                        |
| CHEMSTRIP 7                                                | 3    | PV                        |

| Product Description                                                                                                                                                                                                                                                                                                                                                                                                              | Tier | Limits/Restrictions/Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| CHEMSTRIP 9                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| CHEMSTRIP BG LOG BOOK                                                                                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| CHOSEN LANCING DEVICE                                                                                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| CLEVER CHEK LANCETS                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| CLEVER CHOICE LEVEL 1 CONTROL                                                                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| CLEVER CHOICE LEVEL 2 CONTROL                                                                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| CLEVER CHOICE LEVEL 3 CONTROL                                                                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| CLICKFINE PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| COAGUCHEK LANCETS                                                                                                                                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| COLOR LANCETS                                                                                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| COMBISTIX REAGENT                                                                                                                                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" | 3    | PV                        |
| COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE                                                                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| COMFORT EZ PEN NEEDLES                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| COMPACT SPACE CHAMBER                                                                                                                                                                                                                                                                                                                                                                                                            | 3    | QL                        |
| COMPACT SPACE CHAMBER-LRG MASK                                                                                                                                                                                                                                                                                                                                                                                                   | 3    | QL                        |
| COMPACT SPACE CHAMBER-MED MASK                                                                                                                                                                                                                                                                                                                                                                                                   | 3    | QL                        |
| COMPACT SPACE CHAMBER-SM MASK                                                                                                                                                                                                                                                                                                                                                                                                    | 3    | QL                        |
| CONTOUR CONTROL SOLUTION, HIGH                                                                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| CONTOUR CONTROL SOLUTION, LOW                                                                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| CONTOUR CONTROL SOLUTION, NML                                                                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| CONTOUR METER                                                                                                                                                                                                                                                                                                                                                                                                                    | 2    | PV                        |
| CONTOUR NEXT EZ METER                                                                                                                                                                                                                                                                                                                                                                                                            | 2    | PV                        |
| CONTOUR NEXT EZ METER SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                     | 2    | PV                        |
| CONTOUR NEXT GEN METER                                                                                                                                                                                                                                                                                                                                                                                                           | 2    | PV                        |
| CONTOUR NEXT GEN METER KIT                                                                                                                                                                                                                                                                                                                                                                                                       | 2    | PV                        |
| CONTOUR NEXT GLUCOSE METER KIT                                                                                                                                                                                                                                                                                                                                                                                                   | 2    | PV                        |
| CONTOUR NEXT LEV 1 CONTROL SOL                                                                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| CONTOUR NEXT LEV 2 CONTROL SOL                                                                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| CONTOUR NEXT LINK 2.4                                                                                                                                                                                                                                                                                                                                                                                                            | 2    | PV                        |
| CONTOUR NEXT LINK METER                                                                                                                                                                                                                                                                                                                                                                                                          | 2    | PV                        |
| CONTOUR NEXT METER                                                                                                                                                                                                                                                                                                                                                                                                               | 2    | PV                        |
| CONTOUR NEXT ONE METER                                                                                                                                                                                                                                                                                                                                                                                                           | 2    | PV                        |
| CONTOUR NEXT TEST STRIPS                                                                                                                                                                                                                                                                                                                                                                                                         | 2    | QL; PV                    |
| CONTOUR PLUS BLUE METER                                                                                                                                                                                                                                                                                                                                                                                                          | 2    | PV                        |
| CONTOUR PLUS TEST STRIP                                                                                                                                                                                                                                                                                                                                                                                                          | 2    | QL; PV                    |
| CONTOUR TEST STRIP                                                                                                                                                                                                                                                                                                                                                                                                               | 2    | QL; PV                    |
| DAVOL IRRIGATION SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| DAVOL PISTON IRRIGATION                                                                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| DEXCOM G6 RECEIVER                                                                                                                                                                                                                                                                                                                                                                                                               | 2    | PA; QL; PV                |
| DEXCOM G6 SENSOR                                                                                                                                                                                                                                                                                                                                                                                                                 | 2    | PA; QL; PV                |
| DEXCOM G6 TRANSMITTER                                                                                                                                                                                                                                                                                                                                                                                                            | 2    | PA; QL; PV                |
| DEXCOM G7 RECEIVER                                                                                                                                                                                                                                                                                                                                                                                                               | 2    | PA; QL; PV                |
| DEXCOM G7 SENSOR                                                                                                                                                                                                                                                                                                                                                                                                                 | 2    | PA; QL; PV                |
| DIASTIX                                                                                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |

| Product Description                                                                                                                                                                                                                                                                                                          | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| DIATRUE CONTROL SOLN NORMAL                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| DIATRUE CONTROL SOLUTION HIGH                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| DIATRUE CONTROL SOLUTION LOW                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| DISPOSABLE POWER                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| DOVER BULB SYRINGE                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"                                                                                                                                   | 3    | PV                        |
| DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 | 3    | PV                        |
| DROPLET LANCETS                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| DROPLET LANCING DEVICE                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| DROPLET PEN NEEDLE                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| DROPSAFE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| DROPSAFE PEN NEEDLE                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| DUREX AVANTI BARE REAL FEEL                                                                                                                                                                                                                                                                                                  | 3    | Covered in full*          |
| EASIVENT HOLDING CHAMBER                                                                                                                                                                                                                                                                                                     | 3    | QL                        |
| EASIVENT MASK LARGE                                                                                                                                                                                                                                                                                                          | 3    | QL                        |
| EASIVENT MASK MEDIUM                                                                                                                                                                                                                                                                                                         | 3    | QL                        |
| EASIVENT MASK SMALL                                                                                                                                                                                                                                                                                                          | 3    | QL                        |
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"                                                   | 3    | PV                        |
| EASY COMFORT LANCETS                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"                                                                                                                                                                   | 3    | PV                        |
| EASY GLIDE CATHETER TIP SYRING                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| EASY GLIDE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| EASY GLIDE LUER LOCK SYRINGE                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| EASY GLIDE LUER SLIP TB SYRING                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| EASY GLIDE PEN NEEDLE                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| EASY MINI EJECT LANCING DEVICE                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| EASY PLUS II HIGH CONTROL                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| EASY PLUS II LOW CONTROL                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| EASY STEP HIGH CONTROL SOLN                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| EASY STEP LOW CONTROL SOLUTION                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| EASY STEP NORMAL CONTROL SOLN                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| EASY TALK HIGH CONTROL                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| EASY TALK LOW CONTROL                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| EASY TALK PLUS II HIGH CONTROL                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| EASY TALK PLUS II LOW CONTROL                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| EASY TOUCH                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| EASY TOUCH BLU CTRL SOLN-L1,L3                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| EASY TOUCH FLIPLOCK INSULIN                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| EASY TOUCH FLIPLOCK NEEDLE                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| EASY TOUCH FLIPLOCK SYRINGE                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| EASY TOUCH FLURINGE                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| EASY TOUCH FLURINGE FLIPLOCK                                                                                                                                                                                                                                                                                                 | 3    | PV                        |

| Product Description                                                                                                                                                                                                                                                                                                                                                                             | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| EASY TOUCH FLURINGE SHEATHLOCK                                                                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| EASY TOUCH HIGH-LOW CONTROL                                                                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| EASY TOUCH HYPODERMIC NEEDLE                                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| EASY TOUCH INSULIN SAFETY SYR                                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"                                                                          | 3    | PV                        |
| EASY TOUCH LANCETS                                                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| EASY TOUCH LANCING DEVICE                                                                                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| EASY TOUCH LUER LOCK INSULIN                                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| EASY TOUCH LUER LOCK SYRINGE                                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| EASY TOUCH PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| EASY TOUCH SAFETY LANCETS                                                                                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| EASY TOUCH SHEATHLOCK INSULIN                                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| EASY TOUCH SHEATHLOCK SYRG-NDL                                                                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML, 3 ML                                                                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| EASY TOUCH TUBERCULIN FLIPLOCK                                                                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| EASY TOUCH TUBERCULIN SHEATHLK                                                                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| EASY TOUCH TWIST LANCETS                                                                                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| EASY TOUCH UNI-SLIP                                                                                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| EASY TRAK HIGH CONTROL                                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| EASY TRAK II CTRL SOLN-NORMAL                                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| EASY TRAK LOW CONTROL                                                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| EASY TWIST AND CAP LANCETS                                                                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| EASYMAX 15 LEVEL 2                                                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| EASYMAX NORMAL CONTROL                                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| EASYPOINT NEEDLE                                                                                                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8"                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| ECLIPSE SYRINGE                                                                                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| ELEMENT COMPACT HIGH CONTROL                                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| ELEMENT COMPACT NORMAL CONTROL                                                                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| ELEMENT HIGH CONTROL                                                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| ELEMENT LOW CONTROL                                                                                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| ELEMENT NORMAL CONTROL                                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| EMBRACE EVO LEVEL 1                                                                                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| EMBRACE GLUCOSE CONTROL HIGH                                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| EMBRACE GLUCOSE CONTROL LOW                                                                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| EMBRACE LANCETS                                                                                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| EMBRACE PRO                                                                                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| EMBRACE TALK CONTROL-HIGH (L2)                                                                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| EMBRACE TALK CONTROL-LOW (L1)                                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| EVENCARE G3 CONTROL                                                                                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| EVOLUTION NORMAL CONTROL                                                                                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| EXCEL SYRINGE                                                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" | 3    | PV                        |

| Product Description                                              | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------|------|---------------------------|
| EXEL INSULIN                                                     | 3    | PV                        |
| EXEL SYRINGE SYRINGE 10 ML, 3 ML 27 GAUGE X 1 1/4", 30 ML, 50 ML | 3    | PV                        |
| E-Z JECT LANCETS                                                 | 1    | PV                        |
| E-Z JECT THIN LANCETS                                            | 1    | PV                        |
| EZ SMART LANCETS                                                 | 3    | PV                        |
| FANTASY CONDOM                                                   | 3    | Covered in full*          |
| FC2 FEMALE CONDOM                                                | 3    | Covered in full*          |
| FEMCAP                                                           | 3    | Covered in full*          |
| FILTER NEEDLES NEEDLE 18 GAUGE X 1 1/2"                          | 3    | PV                        |
| FINGERSTIX LANCETS                                               | 3    | PV                        |
| FLEXICHAMBER-LG CHILD MASK                                       | 3    | QL                        |
| FLEXICHAMBER-SM ADULT MASK                                       | 3    | QL                        |
| FLEXICHAMBER-SM CHILD MASK                                       | 3    | QL                        |
| FLOW-EZE VENTED NEEDLE                                           | 3    | PV                        |
| FORA GTCL KETONE TEST STRIP                                      | 3    | PV                        |
| FORA HIGH CONTROL                                                | 3    | PV                        |
| FORA LANCING DEVICE                                              | 3    | PV                        |
| FORA LOW CONTROL                                                 | 3    | PV                        |
| FORA NORMAL CONTROL                                              | 3    | PV                        |
| FORACARE GDH HIGH CONTROL                                        | 3    | PV                        |
| FORACARE GDH LOW CONTROL                                         | 3    | PV                        |
| FORACARE GDH NORMAL CONTROL                                      | 3    | PV                        |
| FORACARE LANCETS                                                 | 3    | PV                        |
| FREESTYLE CONTROL                                                | 3    | PV                        |
| FREESTYLE FLASH SYSTEM                                           | 2    | PV                        |
| FREESTYLE FREEDOM                                                | 2    | PV                        |
| FREESTYLE FREEDOM LITE                                           | 2    | PV                        |
| FREESTYLE INSULINX                                               | 2    | PV                        |
| FREESTYLE INSULINX STRIP                                         | 2    | QL; PV                    |
| FREESTYLE INSULINX TEST STRIPS                                   | 2    | QL; PV                    |
| FREESTYLE LANCETS                                                | 3    | PV                        |
| FREESTYLE LIBRE 14 DAY READER                                    | 2    | QL; PV                    |
| FREESTYLE LIBRE 14 DAY SENSOR                                    | 2    | QL; PV                    |
| FREESTYLE LIBRE 2 PLUS SENSOR                                    | 2    | QL; PV                    |
| FREESTYLE LIBRE 2 READER                                         | 2    | QL; PV                    |
| FREESTYLE LIBRE 2 SENSOR                                         | 2    | QL; PV                    |
| FREESTYLE LIBRE 3 PLUS SENSOR                                    | 2    | QL; PV                    |
| FREESTYLE LIBRE 3 READER                                         | 2    | QL; PV                    |
| FREESTYLE LIBRE 3 SENSOR                                         | 2    | QL; PV                    |
| FREESTYLE LITE METER                                             | 2    | PV                        |
| FREESTYLE LITE STRIPS                                            | 2    | QL; PV                    |
| FREESTYLE PRECISION                                              | 3    | PV                        |
| FREESTYLE PRECISION NEO METER                                    | 2    | PV                        |
| FREESTYLE PRECISION NEO STRIPS                                   | 2    | QL; PV                    |
| FREESTYLE SYSTEM KIT                                             | 2    | PV                        |
| FREESTYLE TEST                                                   | 2    | QL; PV                    |
| FREESTYLE UNISTIK 2                                              | 3    | PV                        |
| GE100 CONTROL SOLUTION NORMAL                                    | 3    | PV                        |
| GENTEEL VACUUM LANCING DEVICE                                    | 3    | PV                        |
| GLUCOCARD 01 HI-NORMAL CONTROL                                   | 3    | PV                        |

| Product Description                                                         | Tier | Limits/Restrictions/Notes |
|-----------------------------------------------------------------------------|------|---------------------------|
| GLUCOCARD 01 NORMAL CONTROL                                                 | 3    | PV                        |
| GLUCOCARD EXPRESSION SOLUTION                                               | 3    | PV                        |
| GLUCOCARD SHINE                                                             | 3    | PV                        |
| GLUCOCOM AUTOLINK                                                           | 3    | PV                        |
| GLUCOCOM CONTROL HIGH                                                       | 3    | PV                        |
| GLUCOCOM CONTROL NORMAL                                                     | 3    | PV                        |
| GLUCOCOM LANCETS                                                            | 3    | PV                        |
| GLUCOSE CONTROL                                                             | 3    | PV                        |
| GLUCOSE KETONE CONTROL SOLN                                                 | 3    | PV                        |
| GOJJI GLUCOSE CNTRL SOL-NORMAL                                              | 3    | PV                        |
| HEALTHPRO HIGH-LOW CONTROL                                                  | 3    | PV                        |
| HEALTHWISE INSULIN SYRINGE                                                  | 3    | PV                        |
| HEALTHWISE PEN NEEDLE                                                       | 3    | PV                        |
| HEMA-COMBISTIX                                                              | 3    | PV                        |
| huber safety needles (disp.)                                                | 1    | PV                        |
| HYPODERMIC NEEDLES NEEDLE 21 GAUGE X 1", 23 GAUGE X 1 1/2", 26 GAUGE X 5/8" | 3    | PV                        |
| HYPOLANCE AST LANCING                                                       | 3    | PV                        |
| IHEALTH CONTROL SOLN LEVEL 2                                                | 3    | PV                        |
| ILET INFUSION KIT-INSET 23"                                                 | 3    | PV                        |
| ILET INFUSION KIT-INSET 32"                                                 | 3    | PV                        |
| ILET INFUSION-CONTACT DTCH 23"                                              | 3    | PV                        |
| ILET STARTER KIT CONTACT                                                    | 3    |                           |
| ILET STARTER KIT-INSET                                                      | 3    |                           |
| INCONTROL LANCING DEVICE                                                    | 3    | PV                        |
| INCONTROL PEN NEEDLE                                                        | 3    | PV                        |
| INCONTROL SUPER THIN LANCETS                                                | 3    | PV                        |
| INCONTROL ULTRA THIN LANCETS                                                | 3    | PV                        |
| INFINITY CONTROL SOLUTION HIGH                                              | 3    | PV                        |
| INFINITY CONTROL SOLUTION LOW                                               | 3    | PV                        |
| INFINITY CONTROL SOLUTION NORM                                              | 3    | PV                        |
| INJECT EASE LANCETS                                                         | 3    | PV                        |
| INPEN (FOR HUMALOG) BLUE                                                    | 3    | QL; PV                    |
| INPEN (FOR HUMALOG) GREY                                                    | 3    | QL; PV                    |
| INPEN (FOR HUMALOG) PINK                                                    | 3    | QL; PV                    |
| INPEN (NOVOLOG OR FIASP) BLUE                                               | 3    | QL; PV                    |
| INPEN (NOVOLOG OR FIASP) GREY                                               | 3    | QL; PV                    |
| INPEN (NOVOLOG OR FIASP) PINK                                               | 3    | QL; PV                    |
| INSUL-CAP                                                                   | 3    | PV                        |
| INSUL-EZE                                                                   | 3    | PV                        |
| INSULIN SYR/NDL U100 HALF MARK                                              | 3    | PV                        |
| INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"        | 3    | PV                        |

| Product Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| 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" | 3    | PV                        |
| insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1    | PV                        |
| INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| INTEGRA PRECISIONGLIDE NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| INTEGRA SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| INTERLINK SYRINGE AND CANNULA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3    |                           |
| INVACARE LANCETS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| IV ADMINISTRATION SET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| KETO-DIASTIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| KETONE CARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| KETONE URINE TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| KETOSTIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| KIMONO MICROTHIN AQUA LUBE CON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | Covered in full*          |
| KIMONO MICROTHIN CONDOMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    | Covered in full*          |
| KIMONO MICROTHIN LARGE CONDOMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | Covered in full*          |
| KIMONO TEXTURED CONDOMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | Covered in full*          |
| LABSTIX REAGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| LANCETS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| LANCETS, SUPER THIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| LANCETS,THIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| LANCETS,ULTRA THIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| LANCING DEVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| LANCING DEVICE WITH LANCETS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| LANCING SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| LANZO LANCING DEVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| LIFESHIELD BLUNT CANNULA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| LITE TOUCH-MEDIUM MASK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3    | QL                        |
| LITEAIRE MDI CHAMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3    | QL                        |
| LITETOUCH-LARGE MASK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3    | QL                        |
| LITETOUCH-SMALL MASK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3    | QL                        |
| LUER LOCK SYRINGE SYRINGE 30 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| LUER SLIP TIP SYRINGE TRAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| LUER-LOK TIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| MAGELLAN SAFETY SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| MAGELLAN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| MAGELLAN TUBERCULIN SAFETY SYR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| MAXICOMFORT II PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| MAXICOMFORT INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| MAXI-COMFORT INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| MAXICOMFORT SAFETY PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3    | PV                        |

| Product Description                                                                                                                                                                                                                                                                                                                                                      | Tier | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| MEDISENSE                                                                                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| MEDISENSE GLUCOSE KETONE                                                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| MEDISENSE MID CONTROL                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| MEDISENSE THIN LANCETS                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| MEDLANCE PLUS 21G LANCETS UNIVERSAL                                                                                                                                                                                                                                                                                                                                      | 1    |                           |
| MEDLANCE PLUS 30G LANCETS SUPERLITE                                                                                                                                                                                                                                                                                                                                      | 1    |                           |
| MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE                                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| MEDLANCE PLUS LITE 25G LANCETS 25G                                                                                                                                                                                                                                                                                                                                       | 1    |                           |
| MEDLANCE PLUS SPECIAL BLADE                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| MICRO THIN LANCETS                                                                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| MICROCHAMBER                                                                                                                                                                                                                                                                                                                                                             | 3    | QL                        |
| MICRODOT HIGH-LOW CONTROL                                                                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| MICRODOT NORMAL CONTROL                                                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| MICROLET 2 LANCING DEVICE                                                                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| MICROLET LANCET                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| MICROLET NEXT LANCING DEVICE                                                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| MICROSPACER                                                                                                                                                                                                                                                                                                                                                              | 3    | QL                        |
| MINI LANCING DEVICE                                                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| MINI ULTRA-THIN II                                                                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| MINI WRIGHT PEAK FLOW METER                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| MINIMED MIO ADVANCE INF SET23"                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| MINIMED MIO ADVANCE INF SET43"                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| MODD1 SUPPLY KIT                                                                                                                                                                                                                                                                                                                                                         | 3    | QL; PV                    |
| MONOJECT 140CC PISTON SYRINGE                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| MONOJECT 3CC SYR 25GX1"                                                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| MONOJECT BLOOD COLLECTION                                                                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| MONOJECT BLUNT CANNULAS NEEDLE 15 GAUGE X 1 1/2"                                                                                                                                                                                                                                                                                                                         | 3    |                           |
| MONOJECT CONTROL SYRINGE LUER                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| MONOJECT DISPOSABLE SYRINGE                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML                                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML, 35 ML, 6 ML, 60 ML                                                                                                                                                                                                                                                                                                          | 3    |                           |
| MONOJECT ENFIT SYRINGE                                                                                                                                                                                                                                                                                                                                                   | 3    |                           |
| MONOJECT FILTER ASPIRATOR                                                                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| MONOJECT FILTER NEEDLE                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" | 3    | PV                        |
| MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2"                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| MONOJECT INSULIN SAFETY SYRING                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"                                                                                                                                        | 3    | PV                        |
| MONOJECT LUER-LOCK TIP SYRINGE 12 ML                                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| MONOJECT MAGELLAN SAFETY SYRNG SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1"                                                                                                                                                                                                                                                                      | 3    | PV                        |
| MONOJECT MEDICATION TRANSF NDL                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| MONOJECT PHARMACY TRAY LUER                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| MONOJECT PHARMACY TRAY REG TIP                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |

| Product Description                                                                                                                                                                                                                                                                                                                                                                                                                                      | Tier | Limits/Restrictions/Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| MONOJECT REG TIP NON-STERILE                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| MONOJECT REGULAR LUER SYRINGE 3 ML, 35 ML, 6 ML                                                                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| MONOJECT SAFETY LUER LOCK TIP                                                                                                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| MONOJECT SAFETY SYRINGES SYRINGE 12 ML, 12 ML 20 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 6 ML                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| MONOJECT SMARTIP CANNULA SYRINGE 12 ML                                                                                                                                                                                                                                                                                                                                                                                                                   | 3    |                           |
| MONOJECT SMARTIP CANNULA SYRINGE 3 ML, 6 ML                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| MONOJECT SYRINGE LUER LOK SYRINGE 35 ML, 60 ML                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE, 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" | 3    | PV                        |
| MONOJECT SYRINGE SYRINGE 140 ML                                                                                                                                                                                                                                                                                                                                                                                                                          | 3    |                           |
| MONOJECT TB                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| MONOJECT TB LUER LOK                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| MONOJECT TB SAFETY SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| MONOJECT TUBERCULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| MONOJECT ULTRA COMFORT INSULIN                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| MONOLET LANCETS                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| MONOLET THIN LANCETS                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| MOUTHPIECE                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3    | QL                        |
| MULTI-DRAW NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| MULTI-LANCET DEVICE 2                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| MULTISTIX                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| MULTISTIX 10 SG                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| MULTISTIX 5                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| MULTISTIX 7                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| MULTISTIX 8 SG                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| MULTISTIX 9                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| MULTISTIX 9 SG                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| MYGLUCOHEALTH CONTROL SOLUTION                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| MYGLUCOHEALTH LANCETS                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| NEEDLE (DISP) 16 G                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| NEEDLE (DISP) 18 G                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| NEEDLE (DISP) 19 G                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| NEEDLE (DISP) 23 GAUGE                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| NEEDLES, HUBER DISPOSABLE                                                                                                                                                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| NERIA SUBCUTANEOUS INFUSION SET 6 MM X 110 CM                                                                                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| NOKOR NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| NORM-JECT                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| NORM-JECT TUBERKULIN                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| NOVA SAFETY LANCETS                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| NOVA SUREFLEX LANCETS                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| NOVAMAX PLUS GLU-KET                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| NOVAMAX PLUS KETONE                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| NOVOFINE 32                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| NOVOFINE PLUS                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| NOVOPEN ECHO                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| OMNIPOD 5 (G6/LIBRE 2 PLUS)                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | PA; QL; PV                |

| Product Description                                                                                                                                                                                                                            | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| OMNIPOD 5 G6-G7 INTRO KT(GEN5)                                                                                                                                                                                                                 | 3    | PA; QL; PV                |
| OMNIPOD 5 G6-G7 PODS (GEN 5)                                                                                                                                                                                                                   | 3    | PA; QL; PV                |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS)                                                                                                                                                                                                                 | 3    | PA; QL; PV                |
| OMNIPOD DASH INTRO KIT (GEN 4)                                                                                                                                                                                                                 | 3    | PA; QL; PV                |
| OMNIPOD DASH PODS (GEN 4)                                                                                                                                                                                                                      | 3    | PA; QL; PV                |
| ON CALL EXPRESS CONTROL                                                                                                                                                                                                                        | 3    | PV                        |
| ON CALL LANCET                                                                                                                                                                                                                                 | 3    | PV                        |
| ON CALL LANCING DEVICE                                                                                                                                                                                                                         | 3    | PV                        |
| ONE WAY VALVED MOUTHPIECE                                                                                                                                                                                                                      | 3    | QL                        |
| ONETOUCH DELICA PLUS LANC DEV                                                                                                                                                                                                                  | 3    | PV                        |
| ONETOUCH DELICA PLUS LANCET                                                                                                                                                                                                                    | 3    | PV                        |
| ONETOUCH DELICA SAFETY LANCET                                                                                                                                                                                                                  | 3    | PV                        |
| ONETOUCH ULTRA CONTROL                                                                                                                                                                                                                         | 3    | PV                        |
| ONETOUCH ULTRASOFT 2 LANCET                                                                                                                                                                                                                    | 3    | PV                        |
| ONETOUCH VERIO HIGH CONTROL                                                                                                                                                                                                                    | 3    | PV                        |
| ONETOUCH VERIO MID CONTROL                                                                                                                                                                                                                     | 3    | PV                        |
| ONETOUCH VERIO REFLECT METER                                                                                                                                                                                                                   | 2    | PV                        |
| ON-THE-GO LANCETS                                                                                                                                                                                                                              | 3    | PV                        |
| OPTICHAMBER ADULT MASK-LARGE                                                                                                                                                                                                                   | 3    | QL                        |
| OPTICHAMBER DIAMOND LG MASK                                                                                                                                                                                                                    | 3    | QL                        |
| OPTICHAMBER DIAMOND VHC                                                                                                                                                                                                                        | 3    | QL                        |
| OPTICHAMBER DIAMOND-MED MSK                                                                                                                                                                                                                    | 3    | QL                        |
| OPTICHAMBER DIAMOND-SML MASK                                                                                                                                                                                                                   | 3    | QL                        |
| OVAL TAPE                                                                                                                                                                                                                                      | 3    | PV                        |
| PANDA MASK                                                                                                                                                                                                                                     | 3    | QL                        |
| PARADIGM RESERVOIR                                                                                                                                                                                                                             | 3    | PV                        |
| PEDIATRIC MEDIUM MASK                                                                                                                                                                                                                          | 3    | QL                        |
| PEDIATRIC PANDA MASK                                                                                                                                                                                                                           | 3    | QL                        |
| PEDIATRIC SMALL MASK                                                                                                                                                                                                                           | 3    | QL                        |
| PEN NEEDLE                                                                                                                                                                                                                                     | 3    | PV                        |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/3", 31 GAUGE X 1/4", 31 GAUGE X 1/6", 31 GAUGE X 15/64", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" | 3    | PV                        |
| PEN NEEDLE, DIABETIC, SAFETY                                                                                                                                                                                                                   | 3    | PV                        |
| PENTIPS PEN NEEDLE                                                                                                                                                                                                                             | 3    | PV                        |
| PERSONAL BEST FULL RANGE                                                                                                                                                                                                                       | 3    | PV                        |
| PHASEAL PROTECTOR                                                                                                                                                                                                                              | 3    | PV                        |
| PIP GLUCOSE CONTROL SOLN L1-L2                                                                                                                                                                                                                 | 3    | PV                        |
| PIP LANCET                                                                                                                                                                                                                                     | 3    | PV                        |
| PISTON SYRINGE WITH ENFIT                                                                                                                                                                                                                      | 3    |                           |
| POCKET CHAMBER                                                                                                                                                                                                                                 | 3    | QL                        |
| POLY HUB NEEDLE                                                                                                                                                                                                                                | 3    | PV                        |
| PRECISION PCX PLUS TEST                                                                                                                                                                                                                        | 2    | QL; PV                    |
| PRECISION PCX TEST                                                                                                                                                                                                                             | 2    | QL; PV                    |
| PRECISION POINT OF CARE TEST                                                                                                                                                                                                                   | 2    | QL; PV                    |
| PRECISION Q-I-D TEST                                                                                                                                                                                                                           | 2    | QL; PV                    |
| PRECISION XTRA B-KETONE                                                                                                                                                                                                                        | 2    | PV                        |
| PRECISION XTRA MONITOR                                                                                                                                                                                                                         | 2    | PV                        |
| PRECISION XTRA TEST                                                                                                                                                                                                                            | 2    | QL; PV                    |

| Product Description                                                                                                                                                       | Tier | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| PRESSURE ACTIVATED LANCETS                                                                                                                                                | 3    | PV                        |
| PRIMEAIRE                                                                                                                                                                 | 3    | QL                        |
| PRO COMFORT INSULIN SYRINGE                                                                                                                                               | 3    | PV                        |
| PRO COMFORT LANCET                                                                                                                                                        | 3    | PV                        |
| PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"                                                                                         | 3    | PV                        |
| PROCARE SPACER WITH ADULT MASK                                                                                                                                            | 3    | QL                        |
| PROCARE SPACER WITH CHILD MASK                                                                                                                                            | 3    | QL                        |
| PROCHAMBER                                                                                                                                                                | 3    | QL                        |
| PRODIGY CONTROL SOLUTION, LOW                                                                                                                                             | 3    | PV                        |
| PRODIGY CONTROL SOLUTION,HIGH                                                                                                                                             | 3    | PV                        |
| PRODIGY INSULIN SYRINGE                                                                                                                                                   | 3    | PV                        |
| PRODIGY LANCETS                                                                                                                                                           | 3    | PV                        |
| PRODIGY LANCING DEVICE                                                                                                                                                    | 3    | PV                        |
| PRODIGY TWIST TOP LANCET                                                                                                                                                  | 3    | PV                        |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE                                                                                                                                       | 3    | PV                        |
| REFUAH PLUS GLUCOSE CONTROL                                                                                                                                               | 3    | PV                        |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE                                                                                                                                        | 3    | PV                        |
| RELIAMED MINI LANCING DEVICE                                                                                                                                              | 3    | PV                        |
| RELIAMED SAFETY SEAL LANCETS                                                                                                                                              | 3    | PV                        |
| RIGHTEST CONTROL SOLUTION HIGH                                                                                                                                            | 3    | PV                        |
| RIGHTEST CONTROL SOLUTION NORM                                                                                                                                            | 3    | PV                        |
| RIGHTEST GD500 LANCING DEVICE                                                                                                                                             | 3    | PV                        |
| RIGHTEST GL300 LANCETS                                                                                                                                                    | 3    | PV                        |
| RITEFLO AEROCHAMBER                                                                                                                                                       | 3    | QL                        |
| SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"                                                                    | 3    | PV                        |
| SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 10 ML, 10 ML 22 GAUGE X 1", 3 ML, 3 ML 25 GAUGE X 5/8", 5 ML, 5 ML 20 GAUGE X 1", 5 ML 22 GAUGE X 1" | 3    | PV                        |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE                                                                                                                                         | 3    | PV                        |
| SAFETY NEEDLES                                                                                                                                                            | 3    | PV                        |
| SAFETY PEN NEEDLE                                                                                                                                                         | 3    | PV                        |
| SAFETY SEAL LANCETS                                                                                                                                                       | 3    | PV                        |
| SAFETY-LET LANCETS                                                                                                                                                        | 3    | PV                        |
| SCALP VEIN SET                                                                                                                                                            | 3    | PV                        |
| SECURESAFE INSULIN SYRINGE                                                                                                                                                | 3    | PV                        |
| SIDESTREAM PEDIATRIC FACE MASK                                                                                                                                            | 3    | QL                        |
| SILICONE MASK - INFANT                                                                                                                                                    | 3    | QL                        |
| SILICONE MASK - PEDIATRIC                                                                                                                                                 | 3    | QL                        |
| SIL-SERTER                                                                                                                                                                | 3    | PV                        |
| SINGLE-LET                                                                                                                                                                | 3    | PV                        |
| SMART SENSE LANCETS                                                                                                                                                       | 3    | PV                        |
| SMARTDIABETES VANTAGE                                                                                                                                                     | 3    | PV                        |
| SMARTTEST CONTROL                                                                                                                                                         | 3    | PV                        |
| SMARTTEST LANCET                                                                                                                                                          | 3    | PV                        |
| SOLUS V2 CONTROL SOLUTION, LOW                                                                                                                                            | 3    | PV                        |
| SOLUS V2 CONTROL SOLUTION,HIGH                                                                                                                                            | 3    | PV                        |
| SOLUS V2 LANCETS                                                                                                                                                          | 3    | PV                        |
| SOLUS V2 LANCING DEVICE                                                                                                                                                   | 3    | PV                        |
| SPACE CHAMBER                                                                                                                                                             | 3    | QL                        |

| Product Description                                                                                                                                                                                                                                                                                               | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| SPACE CHAMBER WITH LARGE MASK                                                                                                                                                                                                                                                                                     | 3    | QL                        |
| SPACE CHAMBER WITH MEDIUM MASK                                                                                                                                                                                                                                                                                    | 3    | QL                        |
| SPACE CHAMBER WITH SMALL MASK                                                                                                                                                                                                                                                                                     | 3    | QL                        |
| STERILANCE TL                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE                                                                                                                                                                                                                                                                             | 3    | PV                        |
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"                                                                                                          | 3    | PV                        |
| SURE COMFORT LANCETS                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| SURE COMFORT LANCING PEN                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| SURE COMFORT PEN NEEDLE                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| SURE-FINE PEN NEEDLES                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| SUREFLEX DEVICE WITH LANCETS                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"                                                                                                              | 3    | PV                        |
| SURE-LANCE                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| SURE-LANCE ULTRA THIN                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| SURE-PEN LANCING DEVICE                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| SURE-TEST EASYPLUS MINI SOLUTION                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| SURE-TOUCH LANCET                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| SURGUARD2 SAFETY NEEDLE                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" | 3    | PV                        |
| SYRINGE (DISPOSABLE) SYRINGE 20 ML, 3 ML, 30 ML, 5 ML                                                                                                                                                                                                                                                             | 3    | PV                        |
| SYRINGE 3CC/20GX1"                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| SYRINGE 3CC/21GX1"                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| SYRINGE 3CC/21GX1-1/2"                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| SYRINGE 3CC/22GX1"                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| SYRINGE 3CC/22GX3/4"                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| SYRINGE 3CC/25GX1"                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| SYRINGE FILTER 50-0.22 MM-MICRON                                                                                                                                                                                                                                                                                  | 3    |                           |
| SYRINGE WITH NEEDLE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 22 X 1 1/2"                                                                                                                                                                                                                          | 3    | PV                        |
| T:FLEX                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| TANDEM MOBI AUTOSOFT 30 KT 23"                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| TANDEM MOBI AUTOSOFT XC KIT 5"                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| TANDEM MOBI AUTOSOFT XC KT 23"                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| TANDEM MOBI AUTOSOFT30 14PK 23                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| TANDEM MOBI AUTOSOFTXC 14PK 23                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| TANDEM MOBI AUTOSOFTXC 14PK 5"                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| TANDEM MOBI TRUSTEEL KIT 23"                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| TANDEM T:SLIM ASFT 30 PK10 23"                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| TANDEM T:SLIM ASFT 30 PK14 23"                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| TANDEM T:SLIM ASFT XC PK10 23"                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| TANDEM T:SLIM ASFT XC PK14 23"                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| TANDEM T:SLIM TRUSTL PK10 23"                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16                                                                                                                                                                                                               | 3    | PV                        |

| Product Description                                                                                                                                                 | Tier | Limits/Restrictions/Notes |
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| TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" | 3    | PV                        |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE                                                                                                                       | 3    | PV                        |
| TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"                                                   | 3    | PV                        |
| TELCARE CONTROL                                                                                                                                                     | 3    | PV                        |
| TELCARE LANCETS                                                                                                                                                     | 3    | PV                        |
| TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 21 GAUGE X 1 1/2"                                                                                                       | 3    | PV                        |
| TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 30 X 3/8"                                                     | 3    | PV                        |
| TERUMO SYRINGE SYRINGE 3 ML 23 X 1", 30 ML                                                                                                                          | 3    | PV                        |
| THIN LANCETS                                                                                                                                                        | 3    | PV                        |
| thinpro insulin syringe syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 29 gauge x 1/2", 1 ml 29 gauge x 1/2"                                                                | 1    | PV                        |
| THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"                                                                                  | 3    | PV                        |
| TOOMEY SYRINGE                                                                                                                                                      | 3    |                           |
| TOPCARE CLICKFINE                                                                                                                                                   | 3    | PV                        |
| 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"                                                                  | 3    | PV                        |
| TOPCARE UNIVERSAL1 LANCET                                                                                                                                           | 3    | PV                        |
| TRUE COMFORT INSULIN SYRINGE                                                                                                                                        | 3    | PV                        |
| TRUE COMFORT LANCET                                                                                                                                                 | 3    | PV                        |
| TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"                                              | 3    | PV                        |
| TRUE COMFORT PRO INS SYRINGE                                                                                                                                        | 3    | PV                        |
| TRUE METRIX LEVEL 1                                                                                                                                                 | 3    | PV                        |
| TRUE METRIX LEVEL 2                                                                                                                                                 | 3    | PV                        |
| TRUE METRIX LEVEL 3                                                                                                                                                 | 3    | PV                        |
| TRUEDRAW LANCING DEVICE                                                                                                                                             | 3    | PV                        |
| TRUEPLUS INSULIN                                                                                                                                                    | 3    | PV                        |
| TRUEPLUS KETONE                                                                                                                                                     | 3    | PV                        |
| TRUEPLUS LANCETS                                                                                                                                                    | 3    | PV                        |
| TRUEPLUS PEN NEEDLE                                                                                                                                                 | 3    | PV                        |
| TRUSTEEL INFUSION SET 23"                                                                                                                                           | 3    | PV                        |
| TRUSTEEL INFUSION SET 32"                                                                                                                                           | 3    | PV                        |
| TRUSTEX LATEX CONDOM                                                                                                                                                | 3    | Covered in full*          |
| TRUSTEX LUBRICATED CONDOMS                                                                                                                                          | 3    | Covered in full*          |
| TRUSTEX NON-LUB CONDOMS                                                                                                                                             | 3    | Covered in full*          |
| TRUSTEX-RIA LUB/SPERMICIDE                                                                                                                                          | 3    | Covered in full*          |
| TRUSTEX-RIA NON-LUB CONDOMS                                                                                                                                         | 3    | Covered in full*          |
| TUBERCULIN SYRINGE                                                                                                                                                  | 3    | PV                        |
| TWIST LANCETS                                                                                                                                                       | 3    | PV                        |
| ULTICARE INSULIN SYRINGE                                                                                                                                            | 3    | PV                        |
| ULTICARE INSULN SYR(HALF UNIT)                                                                                                                                      | 3    | PV                        |
| ULTICARE LOW DEAD SPACE SYRINGE                                                                                                                                     | 3    | PV                        |
| ULTICARE PEN NEEDLE                                                                                                                                                 | 3    | PV                        |
| ULTICARE SAFETY SYRINGE SYRINGE 3 ML                                                                                                                                | 3    |                           |
| ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"    | 3    | PV                        |
| ULTICARE SYR 0.3 ML 30GX1/2" (WITH SYRINGE CONTAINER)                                                                                                               | 3    |                           |

| Product Description                                                                                                                                                                                                                                                                                                                   | Tier | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| ULTICARE SYR 0.3 ML 30GX1/2" (WITH SYRINGE CONTAINER)                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| ULTICARE SYR 0.5 ML 30GX1/2" (WITH SYRINGE CONTAINER)                                                                                                                                                                                                                                                                                 | 3    |                           |
| ULTICARE SYR 0.5 ML 30GX1/2" (WITH SYRINGE CONTAINER)                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| ulticare syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 1 ml 30 gauge x 1/2"                                                                                                                                                                                                                                                 | 1    | PV                        |
| ULTICARE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 31 GAUGE X 5/16                                                                                                                                                                                                                         | 3    | PV                        |
| ULTICARE SYRINGE 1 ML 30GX1/2" (WITH SYRINGE CONTAINER)                                                                                                                                                                                                                                                                               | 3    |                           |
| ULTICARE SYRINGE 1 ML 30GX1/2" (WITH SYRINGE CONTAINER)                                                                                                                                                                                                                                                                               | 3    | PV                        |
| ULTICARE TB SAFETY SYRINGE                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| ULTIGUARD SAFEPAK-INSULIN SYR                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| ULTIGUARD SAFEPAK-PEN NEEDLE                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| ULTI-LANCE                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| ULTILET BASIC LANCETS                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| ULTILET CLASSIC LANCETS                                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 29                                                                                                                                                                                       | 3    | PV                        |
| ULTILET LANCETS                                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| ULTILET PEN NEEDLE                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| ULTILET SAFETY LANCETS                                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| ULTRA CMFT INS SYR (HALF UNIT)                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| 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 | 3    | PV                        |
| ULTRA FLO INSUL SYR(HALF UNIT)                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| ULTRA FLO INSULIN SYRINGE                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| ULTRA THIN II LANCETS                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| ULTRA THIN LANCETS                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| ULTRA THIN PEN NEEDLE                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| ULTRA THIN PLUS LANCETS                                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| ULTRA TLC LANCETS                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| ULTRACARE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| ULTRA-CARE LANCETS                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| ULTRACARE PEN NEEDLE                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| ULTRALANCE LANCETS                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| ULTRA-THIN II (SHORT) INS SYR                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| ULTRA-THIN II (SHORT) PEN NDL                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| ULTRA-THIN II INS PEN NEEDLES                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| ULTRA-THIN II INSULIN SYRINGE                                                                                                                                                                                                                                                                                                         | 3    | PV                        |
| ULTRA-THIN II LANCETS                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| ULTRATRAK HIGH-LOW CONTROL                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| ULTRATRAK NORMAL CONTROL                                                                                                                                                                                                                                                                                                              | 3    | PV                        |
| ULTRATRAK ULTIMATE SOLUTION                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"                                                                                                                                                                                      | 3    | PV                        |
| UNIFINE PENTIPS PLUS                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| UNILET COMFORTOUCH LANCET                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| UNILET GP LANCET                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| UNILET LANCET                                                                                                                                                                                                                                                                                                                         | 3    | PV                        |

| Product Description                                                                                                                                                                                                                                                                                                                                                       | Tier | Limits/Restrictions/Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| UNILET LANCETS                                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| UNILET SUPER THIN LANCETS                                                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| UNISTIK 2 DEVICE                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| UNISTIK 2 NORMAL LANCET                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| UNISTIK 3 COMFORT LANCET                                                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| UNISTIK 3 EXTRA LANCET                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| UNISTIK 3 GENTLE                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| UNISTIK 3 NORMAL LANCET                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| UNISTIK COMFORT LANCETS                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| UNISTIK CZT LANCET                                                                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| UNISTIK EXTRA LANCETS                                                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| UNISTIK NORMAL LANCETS                                                                                                                                                                                                                                                                                                                                                    | 3    | PV                        |
| UNISTIK PRO LANCET                                                                                                                                                                                                                                                                                                                                                        | 3    | PV                        |
| UNISTIK SAFETY                                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| UNISTIK TOUCH LANCETS                                                                                                                                                                                                                                                                                                                                                     | 3    | PV                        |
| UNISTRIP LOW CONTROL                                                                                                                                                                                                                                                                                                                                                      | 3    | PV                        |
| UNIVERSAL 1 LANCETS                                                                                                                                                                                                                                                                                                                                                       | 3    | PV                        |
| URISTIX 4                                                                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| URISTIX REAGENT                                                                                                                                                                                                                                                                                                                                                           | 3    | PV                        |
| VANISHPOINT INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                               | 3    | PV                        |
| VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 25 GAUGE X 1", 1 ML 29 GAUGE X 1/2", 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", 3 ML 25 X 5/8", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" | 3    | PV                        |
| VANISHPOINT TUBERCULIN SYRINGE                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| VARISOFT INFUSION SET 23"                                                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| VARISOFT INFUSION SET 32"                                                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| VARISOFT INFUSION SET 43"                                                                                                                                                                                                                                                                                                                                                 | 3    | PV                        |
| VERIFINE INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| V-GO 20                                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| V-GO 30                                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| V-GO 40                                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| VIVAGUARD INO CTRL SOLN-L1,2,3                                                                                                                                                                                                                                                                                                                                            | 3    | PV                        |
| VIVAGUARD INO CTRL SOLN-L1,L3                                                                                                                                                                                                                                                                                                                                             | 3    | PV                        |
| VIVAGUARD INO CTRL SOLN-L2                                                                                                                                                                                                                                                                                                                                                | 3    | PV                        |
| VIVAGUARD LANCET                                                                                                                                                                                                                                                                                                                                                          | 3    | PV                        |
| VIVAGUARD LANCING DEVICE                                                                                                                                                                                                                                                                                                                                                  | 3    | PV                        |
| VIVAGUARD SAFETY LANCET                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |
| VORTEX ADULT MASK                                                                                                                                                                                                                                                                                                                                                         | 3    | QL                        |
| VORTEX HOLDING CHAMBER                                                                                                                                                                                                                                                                                                                                                    | 3    | QL                        |
| WIDE-SEAL DIAPHRAGM 60                                                                                                                                                                                                                                                                                                                                                    | 3    | Covered in full*          |
| WIDE-SEAL DIAPHRAGM 65                                                                                                                                                                                                                                                                                                                                                    | 3    | Covered in full*          |
| WIDE-SEAL DIAPHRAGM 70                                                                                                                                                                                                                                                                                                                                                    | 3    | Covered in full*          |
| WIDE-SEAL DIAPHRAGM 75                                                                                                                                                                                                                                                                                                                                                    | 3    | Covered in full*          |
| WIDE-SEAL DIAPHRAGM 80                                                                                                                                                                                                                                                                                                                                                    | 3    | Covered in full*          |
| WIDE-SEAL DIAPHRAGM 85                                                                                                                                                                                                                                                                                                                                                    | 3    | Covered in full*          |
| WIDE-SEAL DIAPHRAGM 90                                                                                                                                                                                                                                                                                                                                                    | 3    | Covered in full*          |
| WIDE-SEAL DIAPHRAGM 95                                                                                                                                                                                                                                                                                                                                                    | 3    | Covered in full*          |
| YALE DISPOSABLE NEEDLES                                                                                                                                                                                                                                                                                                                                                   | 3    | PV                        |

| Product Description                                                           | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|------|---------------------------|
| <b>METABOLIC DISEASE ENZYME REPLACEMENT AGENTS</b>                            |      |                           |
| <b>METABOLIC DISEASE ENZYME REPLACEMENT, FABRY'S DISEASE</b>                  |      |                           |
| FABRAZYME                                                                     | 3    | PA; MS; S                 |
| <b>METABOLIC DISEASE ENZYME REPLACEMENT, HYPOPHOSPHATASIA</b>                 |      |                           |
| STRENSIQ                                                                      | 3    | PA; S                     |
| <b>METABOLIC DX ENZYME REPLACEMENT, SEVERE COMBINED IMMUNE DEFICIENCY</b>     |      |                           |
| REVCovi                                                                       | 3    | PA; S                     |
| <b>METABOLIC MODIFIERS</b>                                                    |      |                           |
| <b>HYPERPARATHYROID TREATMENT AGENTS - VITAMIN D ANALOG-TYPE</b>              |      |                           |
| calcitriol oral                                                               | 1    |                           |
| paricalcitol oral                                                             | 1    |                           |
| <b>METABOLIC MODIFIER - CARNITINE REPLENISHER AGENTS</b>                      |      |                           |
| levocarnitine (with sugar)                                                    | 1    |                           |
| levocarnitine oral solution 100 mg/ml                                         | 1    |                           |
| levocarnitine oral tablet                                                     | 1    |                           |
| <b>METABOLIC MODIFIER - GAUCHER'S DISEASE, TYPE-1, SUBSTRATE REDUCTION TX</b> |      |                           |
| CERDELGA                                                                      | 3    | PA; QL; MS; S             |
| miglustat                                                                     | 2    | PA; QL; MS; S             |
| YARGESA                                                                       | 2    | PA; QL; S                 |
| <b>METABOLIC MODIFIER - HEREDITARY OROTIC ACIDURIA TREATMENT AGENTS</b>       |      |                           |
| XURIDEN                                                                       | 3    | PA; QL; S                 |
| <b>METABOLIC MODIFIER - HOMOCYSTINURIA TREATMENT AGENTS</b>                   |      |                           |
| betaine                                                                       | 1    | MS; S                     |
| <b>METABOLIC MODIFIER - NEIMANN PICK DISEASE TYPE C (NPC)</b>                 |      |                           |
| AQNEURSA                                                                      | 3    | PA; QL; S                 |
| <b>METABOLIC MODIFIER - PHOSPHATIDYLINOSITOL-3-KINASE (PI3K) INHIBITORS</b>   |      |                           |
| JOENJA                                                                        | 3    | PA; QL; S                 |
| VIJOICE                                                                       | 3    | PA; QL; S                 |
| <b>METABOLIC MODIFIER - POMPE DISEASE - GCS INHIBITOR</b>                     |      |                           |
| OPFOLDA                                                                       | 3    | QL; MS; S                 |
| <b>METABOLIC MODIFIER - TYROSINE METABOLISM DISORDER AGENTS</b>               |      |                           |
| nitisinone                                                                    | 2    | PA; MS; S                 |
| NITYR                                                                         | 3    | PA; MS; S                 |
| <b>METABOLIC MODIFIER - UREA CYCLE DISORDER AGENTS-CONJUGATING AGENTS</b>     |      |                           |
| glycerol phenylbutyrate                                                       | 1    | PA; QL; MS; S             |
| OLPRUVA                                                                       | 3    | PA; QL; S                 |
| PHEBURANE                                                                     | 3    | ST; MS; S                 |
| sodium phenylbutyrate                                                         | 1    |                           |
| <b>METABOLIC MODIFIER-CARBAMOYL PHOSPHATE SYNTHETASE 1 (CPS 1) ACTIVATOR</b>  |      |                           |
| carglumic acid                                                                | 1    | PA; MS; S                 |
| <b>PHARMACOECHANER - CYTOCHROME P450 INHIBITORS</b>                           |      |                           |
| TYBOST                                                                        | 2    | QL; S                     |
| <b>PHARMACOLOGICAL CHAPERONE TX - ALPHA-GALACTOSIDASE A ENZYME STABILIZER</b> |      |                           |
| GALAFOLD                                                                      | 3    | PA; QL; MS; S             |

| Product Description                                                           | Tier | Limits/Restrictions/Notes         |
|-------------------------------------------------------------------------------|------|-----------------------------------|
| <b>PHENYLKETONURIA(PKU) TX AGENTS - COFACTOR OF PHENYLALANINE HYDROXYLASE</b> |      |                                   |
| JAVYGTOR                                                                      | 3    | PA; MS; S                         |
| sapropterin                                                                   | 3    | PA; MS; S                         |
| SEPHIENCE                                                                     | 3    | PA; QL; S                         |
| <b>PHENYLKETONURIA(PKU) TX AGENTS - PHENYLALANINE AMMONIA LYASE</b>           |      |                                   |
| PALYNZIQ                                                                      | 3    | PA; QL; MS; S                     |
| <b>PROGERIA SYNDROME TREATMENT AGENTS - FARNYLTRANSFERASE INHIBITOR</b>       |      |                                   |
| ZOKINVY                                                                       | 3    | PA; QL; S                         |
| <b>MOUTH-THROAT-DENTAL - PREPARATIONS</b>                                     |      |                                   |
| <b>DENTAL PRODUCT - FLUORIDE PREPARATIONS</b>                                 |      |                                   |
| clinpro 5000                                                                  | 1    |                                   |
| denta 5000 plus                                                               | 1    |                                   |
| denta 5000 plus sensitive                                                     | 1    |                                   |
| dentagel                                                                      | 1    |                                   |
| FLORIVA (FLUORIDE-VITAMIN D3)                                                 | 3    | Covered in full age 16 and under* |
| fluoride (sodium) dental                                                      | 1    |                                   |
| fluoride (sodium) oral drops                                                  | 1    | Covered in full age 16 and under* |
| fluoride (sodium) oral tablet,chewable                                        | 1    | Covered in full age 16 and under* |
| LUDENT FLUORIDE                                                               | 1    | Covered in full age 16 and under* |
| sf                                                                            | 1    |                                   |
| sf 5000 plus                                                                  | 1    |                                   |
| sodium fluoride 5000 dry mouth                                                | 1    |                                   |
| sodium fluoride 5000 plus                                                     | 1    |                                   |
| sodium fluoride-pot nitrate                                                   | 1    |                                   |
| <b>MOUTH AND THROAT - ANTIFUNGALS</b>                                         |      |                                   |
| clotrimazole mucous membrane                                                  | 1    |                                   |
| nystatin oral suspension                                                      | 1    |                                   |
| <b>MOUTH AND THROAT - ANTISEPTICS</b>                                         |      |                                   |
| chlorhexidine gluconate mucous membrane                                       | 1    |                                   |
| paroex oral rinse                                                             | 1    |                                   |
| periogard                                                                     | 1    |                                   |
| <b>MOUTH AND THROAT - GLUCOCORTICOIDS</b>                                     |      |                                   |
| kourzeq                                                                       | 1    |                                   |
| ORALONE 0.1% PASTE                                                            | 1    |                                   |
| triamcinolone acetonide dental                                                | 1    |                                   |
| <b>MOUTH AND THROAT - LOCAL ANESTHETIC AMIDES</b>                             |      |                                   |
| lidocaine hcl mucous membrane solution                                        | 1    |                                   |
| lidocaine viscous                                                             | 1    |                                   |
| <b>MOUTH AND THROAT - SALIVA STIMULANTS</b>                                   |      |                                   |
| cevimeline                                                                    | 1    |                                   |
| pilocarpine hcl oral                                                          | 1    |                                   |
| <b>PERIODONTAL PRODUCT - TETRACYCLINE-TYPE, COLLAGENASE INHIBITORS</b>        |      |                                   |
| doxycycline hyclate oral tablet 20 mg                                         | 1    |                                   |
| <b>THERAPY FOR DROOLING- PRIMARY OR SECONDARY SIALORRHEA-ANTICHOLINERGIC</b>  |      |                                   |
| glycopyrrolate oral solution                                                  | 3    | PA; QL                            |

| Product Description                                                          | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------|------|---------------------------|
| <b>MULTIPLE SCLEROSIS AGENTS</b>                                             |      |                           |
| <b>LEUKOCYTE ADHESION INHIBITORS, ALPHA4-MEDIATED, IGG4K MC ANTIBODY</b>     |      |                           |
| TYRUKO                                                                       | 3    | PA; QL; MS; S             |
| TYSABRI                                                                      | 3    | QL; MS; S                 |
| <b>MULTIPLE SCLEROSIS AGENT - CD20 SPECIFIC MONOCLONAL ANTIBODY</b>          |      |                           |
| KESIMPTA PEN                                                                 | 2    | QL; MS; S                 |
| <b>MULTIPLE SCLEROSIS AGENT - INTERFERONS</b>                                |      |                           |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT                                        | 2    | QL; MS; S                 |
| AVONEX INTRAMUSCULAR SYRINGE KIT                                             | 2    | QL; MS; S                 |
| BETASERON SUBCUTANEOUS KIT                                                   | 3    | QL; MS; S                 |
| PLEGRIDY                                                                     | 2    | QL; MS; S                 |
| REBIF (WITH ALBUMIN)                                                         | 2    | QL; MS; S                 |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML        | 2    | QL; MS; S                 |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)       | 2    | MS; S                     |
| REBIF TITRATION PACK                                                         | 2    | MS; S                     |
| <b>MULTIPLE SCLEROSIS AGENT - OTHERS</b>                                     |      |                           |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML                                       | 2    | QL; MS; S                 |
| dimethyl fumarate                                                            | 1    | QL; MS; S                 |
| glatiramer                                                                   | 1    | QL; MS; S                 |
| glatopa                                                                      | 1    | QL; MS; S                 |
| <b>MULTIPLE SCLEROSIS AGENT - POTASSIUM CHANNEL BLOCKER</b>                  |      |                           |
| dalfampridine                                                                | 1    | QL; MS; S                 |
| <b>MULTIPLE SCLEROSIS AGENT - PYRIMIDINE SYNTHESIS INHIBITORS</b>            |      |                           |
| teriflunomide                                                                | 1    | QL; MS; S                 |
| <b>MULTIPLE SCLEROSIS AGENT - SPHINGOSINE 1-PHOSPHATE RECEPTOR MODULATOR</b> |      |                           |
| fingolimod                                                                   | 1    | QL; MS; S                 |
| MAYZENT                                                                      | 2    | QL; MS; S                 |
| MAYZENT STARTER(FOR 1MG MAINT)                                               | 2    | QL; MS; S                 |
| MAYZENT STARTER(FOR 2MG MAINT)                                               | 2    | QL; MS; S                 |
| ZEPOSIA                                                                      | 2    | PA; QL; MS; S             |
| ZEPOSIA STARTER KIT (28-DAY)                                                 | 2    | PA; QL; MS; S             |
| ZEPOSIA STARTER PACK (7-DAY)                                                 | 2    | PA; QL; MS; S             |
| <b>OPHTHALMIC AGENTS</b>                                                     |      |                           |
| <b>MIOTICS - DIRECT ACTING</b>                                               |      |                           |
| pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %                         | 1    |                           |
| <b>OPHTHALMIC - AGENTS FOR PRESBYOPIA</b>                                    |      |                           |
| pilocarpine hcl ophthalmic (eye) drops 1.25 %                                | 1    | QL                        |
| QLOSI                                                                        | 3    | QL                        |
| VIZZ                                                                         | 3    | QL                        |
| VUITY                                                                        | 3    | QL                        |
| <b>OPHTHALMIC - ANTIBACTERIAL-GLUCOCORTICOID COMBINATIONS</b>                |      |                           |
| neomycin-bacitracin-poly-hc                                                  | 1    |                           |
| neomycin-polymyxin b-dexameth                                                | 1    |                           |
| neomycin-polymyxin-hc ophthalmic (eye)                                       | 1    |                           |
| neo-polycin hc                                                               | 1    |                           |
| sulfacetamide-prednisolone                                                   | 1    |                           |
| tobramycin-dexamethasone                                                     | 1    |                           |

| Product Description                                                         | Tier | Limits/Restrictions/Notes |
|-----------------------------------------------------------------------------|------|---------------------------|
| <b>OPHTHALMIC - ANTICHOLINERGICS</b>                                        |      |                           |
| atropine ophthalmic (eye) drops 1 %                                         | 1    |                           |
| cyclopentolate ophthalmic (eye) drops 1 %                                   | 1    |                           |
| tropicamide                                                                 | 1    |                           |
| <b>OPHTHALMIC - ANTIHISTAMINES</b>                                          |      |                           |
| azelastine ophthalmic (eye)                                                 | 1    |                           |
| epinastine                                                                  | 1    |                           |
| <b>OPHTHALMIC - ANTI-INFLAMMATORY, GLUCOCORTICOIDS</b>                      |      |                           |
| dexamethasone sodium phosphate ophthalmic (eye)                             | 1    |                           |
| fluorometholone                                                             | 1    |                           |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT                                           | 2    |                           |
| LOTEMAX SM                                                                  | 2    |                           |
| loteprednol etabonate ophthalmic (eye) drops,gel                            | 1    |                           |
| loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %               | 3    |                           |
| prednisolone acetate                                                        | 1    |                           |
| prednisolone sodium phosphate ophthalmic (eye)                              | 1    |                           |
| <b>OPHTHALMIC - ANTI-INFLAMMATORY, IMMUNOMODULATORS</b>                     |      |                           |
| cyclosporine ophthalmic (eye)                                               | 1    | QL                        |
| VERKAZIA                                                                    | 3    | PA; QL                    |
| <b>OPHTHALMIC - ANTI-INFLAMMATORY, LFA-1 ANTAGONISTS</b>                    |      |                           |
| XIIDRA                                                                      | 2    | QL                        |
| <b>OPHTHALMIC - ANTI-INFLAMMATORY, NSAIDS</b>                               |      |                           |
| bromfenac ophthalmic (eye) drops 0.09 %                                     | 1    |                           |
| diclofenac sodium ophthalmic (eye)                                          | 1    |                           |
| flurbiprofen sodium                                                         | 1    |                           |
| ILEVRO                                                                      | 3    |                           |
| ketorolac ophthalmic (eye)                                                  | 1    |                           |
| <b>OPHTHALMIC - BETA BLOCKERS-ADRENERGIC COMBINATIONS</b>                   |      |                           |
| brimonidine-timolol                                                         | 3    | QL                        |
| <b>OPHTHALMIC - BETA BLOCKERS-CARBONIC ANHYDRASE INHIBITOR COMBINATIONS</b> |      |                           |
| dorzolamide-timolol                                                         | 1    |                           |
| dorzolamide-timolol (pf) ophthalmic (eye) dropperette                       | 3    | QL                        |
| <b>OPHTHALMIC - CARBONIC ANHYDRASE INHIBITORS</b>                           |      |                           |
| dorzolamide                                                                 | 1    |                           |
| <b>OPHTHALMIC - CYSTINE DEPLETING AGENTS</b>                                |      |                           |
| CYSTADROPS                                                                  | 3    | PA; QL; S                 |
| CYSTARAN                                                                    | 3    | PA; QL; S                 |
| <b>OPHTHALMIC - DECONGESTANTS</b>                                           |      |                           |
| phenylephrine hcl ophthalmic (eye)                                          | 1    |                           |
| <b>OPHTHALMIC - HUMAN NERVE GROWTH FACTOR (HNGF)</b>                        |      |                           |
| OXERVATE                                                                    | 3    | PA; QL; MS; S             |
| <b>OPHTHALMIC - INTRAOCULAR PRESSURE REDUCING AGENTS, BETA-BLOCKERS</b>     |      |                           |
| betaxolol ophthalmic (eye)                                                  | 1    |                           |
| carteolol                                                                   | 1    |                           |
| levobunolol ophthalmic (eye) drops 0.5 %                                    | 1    |                           |
| timolol maleate ophthalmic (eye) drops 0.25 %                               | 3    |                           |
| timolol maleate ophthalmic (eye) drops 0.5 %                                | 1    |                           |

| Product Description                                                           | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|------|---------------------------|
| <b>OPHTHALMIC - LOCAL ANESTHETIC ESTERS</b>                                   |      |                           |
| proparacaine                                                                  | 1    |                           |
| tetracaine hcl                                                                | 3    |                           |
| <b>OPHTHALMIC - MAST CELL STABILIZERS</b>                                     |      |                           |
| cromolyn ophthalmic (eye)                                                     | 1    |                           |
| <b>OPHTHALMIC - RHO KINASE INHIBITOR AND PROSTAGLANDIN ANALOG COMBINATION</b> |      |                           |
| ROCKLATAN                                                                     | 2    | ST; QL                    |
| <b>OPHTHALMIC ANTIBACTERIAL MIXTURES</b>                                      |      |                           |
| bacitracin-polymyxin b                                                        | 1    |                           |
| neomycin-bacitracin-polymyxin                                                 | 1    |                           |
| neomycin-polymyxin-gramicidin                                                 | 1    |                           |
| neo-polycin                                                                   | 1    |                           |
| polycin                                                                       | 1    |                           |
| polymyxin b sulf-trimethoprim                                                 | 1    |                           |
| <b>OPHTHALMIC ANTIBIOTIC - AMINOGLYCOSIDES</b>                                |      |                           |
| gentamicin ophthalmic (eye) drops                                             | 1    |                           |
| tobramycin ophthalmic (eye)                                                   | 1    |                           |
| <b>OPHTHALMIC ANTIBIOTIC - DEHYDROPEPTIDASE INHIBITORS</b>                    |      |                           |
| bacitracin ophthalmic (eye)                                                   | 1    |                           |
| <b>OPHTHALMIC ANTIBIOTIC - FLUOROQUINOLONES</b>                               |      |                           |
| BESIVANCE                                                                     | 3    |                           |
| ciprofloxacin hcl ophthalmic (eye)                                            | 1    |                           |
| gatifloxacin                                                                  | 3    |                           |
| levofloxacin ophthalmic (eye) drops 1.5 %                                     | 1    |                           |
| moxifloxacin ophthalmic (eye) drops                                           | 1    | QL                        |
| moxifloxacin ophthalmic (eye) drops, viscous                                  | 3    | QL                        |
| ofloxacin ophthalmic (eye)                                                    | 1    |                           |
| <b>OPHTHALMIC ANTIBIOTIC - MACROLIDES</b>                                     |      |                           |
| erythromycin ophthalmic (eye)                                                 | 1    |                           |
| <b>OPHTHALMIC ANTIBIOTIC - SULFONAMIDES</b>                                   |      |                           |
| sulfacetamide sodium ophthalmic (eye)                                         | 1    |                           |
| <b>OPHTHALMIC ANTIPARASITICS</b>                                              |      |                           |
| XDEMVY                                                                        | 3    | PA; QL; S                 |
| <b>OPHTHALMIC ANTIVIRALS</b>                                                  |      |                           |
| trifluridine                                                                  | 1    |                           |
| ZIRGAN                                                                        | 3    |                           |
| <b>OPHTHALMIC-INTRAOCULAR PRESS. REDUCING, SEL. ALPHA ADRENERGIC AGONISTS</b> |      |                           |
| apraclonidine                                                                 | 1    |                           |
| brimonidine ophthalmic (eye)                                                  | 1    |                           |
| <b>OPHTHALMIC-INTRAOCULAR PRESSURE REDUCING AGENTS, PROSTAGLANDIN ANALOGS</b> |      |                           |
| bimatoprost ophthalmic (eye)                                                  | 1    |                           |
| latanoprost                                                                   | 1    | QL                        |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %                                         | 2    |                           |
| travoprost                                                                    | 1    |                           |
| <b>OPHTHALMIC-INTRAOCULAR PRESSURE REDUCING AGENTS, RHO KINASE INHIBITORS</b> |      |                           |
| RHOPRESSA                                                                     | 2    | ST; QL                    |

| Product Description                                            | Tier | Limits/Restrictions/Notes |
|----------------------------------------------------------------|------|---------------------------|
| <b>OTIC (EAR)</b>                                              |      |                           |
| <b>OTIC (EAR) - ANTI-INFECTIVE-GLUCOCORTICOID COMBINATIONS</b> |      |                           |
| CIPRO HC                                                       | 3    |                           |
| ciprofloxacin-dexamethasone                                    | 1    |                           |
| neomycin-polymyxin-hc otic (ear)                               | 1    |                           |
| <b>OTIC (EAR) - ANTI-INFECTIVES OTHER</b>                      |      |                           |
| acetic acid otic (ear)                                         | 1    |                           |
| <b>OTIC (EAR) - FLUOROQUINOLONES</b>                           |      |                           |
| ciprofloxacin hcl otic (ear)                                   | 1    | QL                        |
| ofloxacin otic (ear)                                           | 1    |                           |
| <b>OTIC (EAR) - GLUCOCORTICIDS</b>                             |      |                           |
| flac otic oil                                                  | 1    |                           |
| fluocinolone acetonide oil                                     | 1    |                           |
| hydrocortisone-acetic acid                                     | 1    |                           |
| <b>RESPIRATORY THERAPY AGENTS</b>                              |      |                           |
| <b>1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS</b>  |      |                           |
| promethazine-phenylephrine                                     | 1    |                           |
| <b>ANTIHISTAMINE - 1ST GENERATION - ETHANOLAMINES</b>          |      |                           |
| carbinoxamine maleate 4 mg tab                                 | 1    |                           |
| carbinoxamine maleate oral liquid                              | 1    |                           |
| carbinoxamine maleate oral tablet 4 mg                         | 1    |                           |
| clemastine oral tablet                                         | 1    |                           |
| diphenhydramine hcl oral elixir                                | 1    |                           |
| <b>ANTIHISTAMINE - 1ST GENERATION - PHENOTHIAZINES</b>         |      |                           |
| promethazine oral                                              | 1    |                           |
| promethazine rectal suppository 12.5 mg, 25 mg                 | 1    |                           |
| promethegan                                                    | 1    |                           |
| <b>ANTIHISTAMINE - 1ST GENERATION - PIPERIDINES</b>            |      |                           |
| cyproheptadine                                                 | 1    |                           |
| <b>ANTIHISTAMINES - 1ST GENERATION</b>                         |      |                           |
| carbinoxamine maleate 4 mg tab                                 | 1    |                           |
| carbinoxamine maleate oral liquid                              | 1    |                           |
| carbinoxamine maleate oral tablet 4 mg                         | 1    |                           |
| clemastine oral tablet                                         | 1    |                           |
| cyproheptadine                                                 | 1    |                           |
| diphenhydramine hcl oral elixir                                | 1    |                           |
| promethazine oral                                              | 1    |                           |
| promethazine rectal suppository 12.5 mg, 25 mg                 | 1    |                           |
| promethegan                                                    | 1    |                           |
| <b>ANTIHISTAMINES - 2ND GENERATION</b>                         |      |                           |
| cetirizine oral solution 1 mg/ml                               | 1    |                           |
| desloratadine oral tablet                                      | 1    |                           |
| levocetirizine                                                 | 1    |                           |
| <b>ANTIHISTAMINES - 2ND GENERATION - PIPERAZINES</b>           |      |                           |
| cetirizine oral solution 1 mg/ml                               | 1    |                           |
| levocetirizine                                                 | 1    |                           |
| <b>ANTIHISTAMINES - 2ND GENERATION - PIPERIDINES</b>           |      |                           |
| desloratadine oral tablet                                      | 1    |                           |
| <b>ANTITUSSIVES - NON-OPIOID</b>                               |      |                           |
| benzonatate oral capsule 100 mg, 200 mg                        | 1    |                           |

| Product Description                                                                                                                                              | Tier | Limits/Restrictions/Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <b>ASTHMA THERAPY - ALPHA/BETA ADRENERGIC AGENTS</b>                                                                                                             |      |                           |
| epinephrine injection syringe 0.1 mg/ml                                                                                                                          | 1    |                           |
| <b>ASTHMA THERAPY - IMMUNOGLOBULIN E (IGE) INHIBITORS, MAB</b>                                                                                                   |      |                           |
| XOLAIR                                                                                                                                                           | 3    | PA; QL; MS; S             |
| <b>ASTHMA THERAPY - INHALED CORTICOSTEROIDS (GLUCOCORTICOIDS)</b>                                                                                                |      |                           |
| ARNUITY ELLIPTA                                                                                                                                                  | 2    | QL; PV                    |
| ASMANEX HFA                                                                                                                                                      | 2    | QL; PV                    |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | 2    | QL; PV                    |
| budesonide inhalation                                                                                                                                            | 1    | QL; PV                    |
| FLUTICASONE PROPIONATE INHALATION                                                                                                                                | 2    | QL; PV                    |
| QVAR REDHALER                                                                                                                                                    | 2    | QL; PV                    |
| <b>ASTHMA THERAPY - INTERLEUKIN-4 (IL-4) RECEPTOR ALPHA ANTAGONISTS, MAB</b>                                                                                     |      |                           |
| DUPIXENT PEN                                                                                                                                                     | 2    | PA; QL; MS; S             |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML                                                                                                | 2    | PA; QL; MS; S             |
| <b>ASTHMA THERAPY - INTERLEUKIN-5 (IL-5) INHIBITORS, MAB</b>                                                                                                     |      |                           |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR                                                                                                                                | 2    | PA; QL; MS; S             |
| NUCALA SUBCUTANEOUS SYRINGE                                                                                                                                      | 2    | PA; QL; MS; S             |
| <b>ASTHMA THERAPY - INTERLEUKIN-5 (IL-5) RECEPTOR ALPHA ANTAGONISTS, MAB</b>                                                                                     |      |                           |
| FASENRA PEN                                                                                                                                                      | 2    | PA; QL; MS; S             |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML                                                                                                                        | 2    | PA; QL; MS; S             |
| <b>ASTHMA THERAPY - LEUKOTRIENE RECEPTOR ANTAGONISTS</b>                                                                                                         |      |                           |
| montelukast                                                                                                                                                      | 1    | QL; PV                    |
| zafirlukast                                                                                                                                                      | 1    | QL; S                     |
| <b>ASTHMA THERAPY - MAST CELL STABILIZERS</b>                                                                                                                    |      |                           |
| cromolyn inhalation                                                                                                                                              | 1    |                           |
| <b>ASTHMA THERAPY - XANTHINES</b>                                                                                                                                |      |                           |
| theophylline oral elixir                                                                                                                                         | 1    |                           |
| theophylline oral solution                                                                                                                                       | 1    |                           |
| theophylline oral tablet extended release 12 hr 300 mg, 450 mg                                                                                                   | 1    |                           |
| theophylline oral tablet extended release 24 hr                                                                                                                  | 1    |                           |
| <b>ASTHMA/COPD - PHOSPHODIESTERASE-3 AND -4 (PDE3 AND PDE4) INHIBITORS</b>                                                                                       |      |                           |
| OHTUVAYRE                                                                                                                                                        | 3    | PA; QL; S; PV             |
| <b>ASTHMA/COPD - PHOSPHODIESTERASE-4 (PDE4) INHIBITORS</b>                                                                                                       |      |                           |
| roflumilast                                                                                                                                                      | 1    | QL; PV                    |
| <b>ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED LONG ACTING</b>                                                                                                 |      |                           |
| INCRUSE ELLIPTA                                                                                                                                                  | 2    | QL; PV                    |
| SPIRIVA RESPIMAT                                                                                                                                                 | 2    | QL                        |
| tiotropium bromide                                                                                                                                               | 1    | QL; PV                    |
| <b>ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED SHORT ACTING</b>                                                                                                |      |                           |
| ATROVENT HFA                                                                                                                                                     | 2    | PV                        |
| ipratropium bromide inhalation                                                                                                                                   | 1    | PV                        |
| <b>ASTHMA/COPD - BETA 2-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING</b>                                                                                        |      |                           |
| STRIVERDI RESPIMAT                                                                                                                                               | 2    | QL; PV                    |

| Product Description                                                                              | Tier | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------------------------------|------|---------------------------|
| <b>ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, LONG ACTING</b>                      |      |                           |
| arformoterol                                                                                     | 1    | QL                        |
| formoterol fumarate                                                                              | 1    | QL; PV                    |
| SEREVENT DISKUS                                                                                  | 2    | PV                        |
| <b>ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, SHORT ACTING</b>                     |      |                           |
| ALBUTEROL HFA 90 MCG INHALER (ALTERNATIVE TO VENTOLIN)                                           | 3    | QL                        |
| albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation                                | 1    | QL                        |
| albuterol sulfate inhalation solution for nebulization                                           | 1    |                           |
| levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml                               | 1    |                           |
| levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml | 3    |                           |
| LEVALBUTEROL TARTRATE                                                                            | 2    | QL                        |
| PROAIR RESPICLICK                                                                                | 3    | QL                        |
| VENTOLIN HFA                                                                                     | 2    | QL                        |
| <b>ASTHMA/COPD THERAPY - BETA ADRENERGIC AGENTS</b>                                              |      |                           |
| albuterol sulfate oral                                                                           | 1    |                           |
| terbutaline                                                                                      | 1    |                           |
| <b>ASTHMA/COPD THERAPY - BETA ADRENERGIC-ANTICHOLINERGIC COMBINATIONS</b>                        |      |                           |
| ANORO ELLIPTA                                                                                    | 2    | QL; PV                    |
| BEVESPI AEROSPHERE                                                                               | 2    | QL; PV                    |
| COMBIVENT RESPIMAT                                                                               | 2    | QL; PV                    |
| ipratropium-albuterol                                                                            | 1    | PV                        |
| STIOLTO RESPIMAT                                                                                 | 2    | QL; PV                    |
| <b>ASTHMA/COPD THERAPY - BETA ADRENERGIC-GLUCOCORTICOID COMBINATIONS</b>                         |      |                           |
| ADVAIR HFA                                                                                       | 2    | QL; PV                    |
| AIRSUPRA                                                                                         | 3    | PA; QL; PV                |
| BREO ELLIPTA                                                                                     | 2    | QL; PV                    |
| breyna                                                                                           | 1    | QL; PV                    |
| budesonide-formoterol                                                                            | 1    | QL; PV                    |
| DULERA                                                                                           | 2    | QL; PV                    |
| FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED                         | 2    | QL; PV                    |
| fluticasone propion-salmeterol inhalation blister with device                                    | 1    | QL; PV                    |
| wixela inhub                                                                                     | 1    | QL; PV                    |
| <b>ASTHMA/COPD TX - BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORTICOID COMB,</b>                     |      |                           |
| BREZTRI AEROSPHERE INHALER                                                                       | 2    | QL                        |
| TRELEGY ELLIPTA                                                                                  | 2    | QL; PV                    |
| <b>CYSTIC FIBROSIS - INHALED AMINOGLYCOSIDES</b>                                                 |      |                           |
| KITABIS PAK                                                                                      | 3    | MS; S                     |
| tobramycin in 0.225 % nacl                                                                       | 1    | MS; S                     |
| <b>CYSTIC FIBROSIS - INHALED OSMOTIC AGENTS</b>                                                  |      |                           |
| BRONCHITOL                                                                                       | 3    | PA; QL; MS                |
| <b>CYSTIC FIBROSIS-TRANSMEMBRANE CONDUCTANCE REGULATOR (CFTR) POTENTIATOR</b>                    |      |                           |
| KALYDECO                                                                                         | 3    | PA; QL; MS; S             |

| Product Description                                                           | Tier | Limits/Restrictions/Notes |
|-------------------------------------------------------------------------------|------|---------------------------|
| <b>CYSTIC FIB-TRANSMEMB CONDUCT. REG.(CFTR) POTENTIATOR AND CORRECTOR CMB</b> |      |                           |
| ORKAMBI                                                                       | 3    | PA; QL; MS; S             |
| SYMDEKO                                                                       | 3    | PA; QL; MS; S             |
| TRIKAFTA                                                                      | 3    | PA; QL; MS; S             |
| <b>MUCOLYTICS</b>                                                             |      |                           |
| acetylcysteine                                                                | 1    |                           |
| <b>NASAL ANTICHOLINERGICS</b>                                                 |      |                           |
| ipratropium bromide nasal                                                     | 1    |                           |
| <b>NASAL ANTIHISTAMINES</b>                                                   |      |                           |
| azelastine nasal spray,non-aerosol 137 mcg (0.1 %)                            | 1    |                           |
| azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)                         | 1    | QL                        |
| olopatadine nasal                                                             | 1    | QL                        |
| <b>NASAL CORTICOSTEROIDS</b>                                                  |      |                           |
| flunisolide                                                                   | 1    | QL                        |
| fluticasone propionate nasal                                                  | 1    |                           |
| mometasone nasal                                                              | 1    |                           |
| QNASL                                                                         | 2    | QL                        |
| XHANCE                                                                        | 3    | QL                        |
| <b>NON-OPIOID ANTITUSSIVE-1ST GEN.ANTIHISTAMINE-DECONGESTANT COMBINATIONS</b> |      |                           |
| bromfed dm                                                                    | 1    |                           |
| brompheniramine-pseudoeph-dm                                                  | 1    |                           |
| <b>NON-OPIOID ANTITUSSIVE-ANTIHISTAMINE COMBINATIONS</b>                      |      |                           |
| promethazine-dm                                                               | 1    |                           |
| <b>OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE COMBINATIONS</b>           |      |                           |
| hydrocodone-chlorpheniramine                                                  | 1    | QL                        |
| promethazine-codeine                                                          | 1    |                           |
| <b>OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS</b>                        |      |                           |
| hydrocodone-homatropine oral solution 5-1.5 mg/5 ml                           | 1    |                           |
| hydromet                                                                      | 1    |                           |
| <b>OPIOID ANTITUSSIVE-EXPECTORANT COMBINATIONS</b>                            |      |                           |
| codeine-guaifenesin                                                           | 1    |                           |
| g tussin ac                                                                   | 1    |                           |
| <b>PULMONARY FIBROSIS TREATMENT AGENTS - ANTIFIBROTIC THERAPY</b>             |      |                           |
| pirfenidone oral capsule                                                      | 2    | PA; QL; MS; S             |
| <b>PULMONARY FIBROSIS TREATMENT AGENTS - MULTIKINASE INHIBITORS</b>           |      |                           |
| OFEV                                                                          | 2    | PA; QL; MS; S             |
| <b>VAGINAL PRODUCTS</b>                                                       |      |                           |
| <b>VAGINAL ANTIBACTERIAL - LINCOSAMIDES</b>                                   |      |                           |
| clindamycin phosphate vaginal                                                 | 1    |                           |
| <b>VAGINAL ANTIFUNGAL - TRIAZOLES</b>                                         |      |                           |
| terconazole                                                                   | 1    |                           |
| <b>VAGINAL ANTIPROTOZOAL-ANTIBACTERIAL - NITROIMIDAZOLE DERIVATIVES</b>       |      |                           |
| metronidazole vaginal gel 0.75 % (37.5mg/5 gram)                              | 1    |                           |
| vandazole                                                                     | 1    |                           |
| <b>VAGINAL ESTROGENS</b>                                                      |      |                           |
| estradiol vaginal                                                             | 1    |                           |
| PREMARIN VAGINAL                                                              | 2    |                           |

| Product Description                                                                              | Tier | Limits/Restrictions/Notes |
|--------------------------------------------------------------------------------------------------|------|---------------------------|
| yuvaferm                                                                                         | 1    |                           |
| <b>VAGINAL PROGESTINS</b>                                                                        |      |                           |
| CRINONE VAGINAL GEL 4 %                                                                          | 3    |                           |
| <b>WEIGHT LOSS/GAIN AGENTS</b>                                                                   |      |                           |
| <b>ANOREXIANT COMBINATIONS</b>                                                                   |      |                           |
| phentermine-topiramate                                                                           | 3    | PA; QL                    |
| <b>ANOREXIANTS</b>                                                                               |      |                           |
| benzphetamine                                                                                    | 1    |                           |
| diethylpropion                                                                                   | 1    |                           |
| phendimetrazine tartrate                                                                         | 3    |                           |
| phentermine oral capsule                                                                         | 1    |                           |
| phentermine oral tablet 37.5 mg                                                                  | 1    |                           |
| <b>ANTI-OBESITY - FAT ABSORPTION DECREASING AGENTS</b>                                           |      |                           |
| ORLISTAT                                                                                         | 3    | PA; QL                    |
| XENICAL                                                                                          | 3    | PA; QL                    |
| <b>ANTI-OBESITY-OPIOID ANTAG/NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBIT</b>                    |      |                           |
| CONTRACE                                                                                         | 3    | PA; QL                    |
| <b>APPETITE STIMULANTS - CANNABINOIDS</b>                                                        |      |                           |
| dronabinol                                                                                       | 1    |                           |
| SYNDROS                                                                                          | 3    | PA                        |
| <b>APPETITE STIMULANTS - PROGESTIN HORMONE TYPE</b>                                              |      |                           |
| megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) | 1    |                           |
| <b>MELANOCORTIN 4 (MC4) RECEPTOR AGONIST</b>                                                     |      |                           |
| IMCIVREE                                                                                         | 3    | PA; QL; S                 |
| <b>TREATMENT OF HYPERPHAGIA IN PRADER-WILLI SYNDROME (PWS)</b>                                   |      |                           |
| VYKAT XR                                                                                         | 3    | PA; QL; S                 |

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