

# Plan for your best health

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## 2026 Aetna Pharmacy Drug Guide Standard Control Choice Plan

Visit **[www.aetna.com/formulary](https://www.aetna.com/formulary)** for the most up-to-date information. For a summary of your coverage or benefits plan log in to your secure member site. Or call the toll-free number on your member ID card.

The formulary is updated the first week of each month. The formulary is subject to change. Previous versions are no longer in effect.

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**2026 Pharmacy Drug Guide**  
**Standard Control Choice Plan**

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# Definitions

**Allowed amount** is the maximum amount on which the health insurance issuer bases its payment for a covered health care service. This may be called “eligible expense”, “payment allowance”, or “negotiated rate”. If your health care provider charges more than the allowed amount and is not part of the provider network, you may have to pay the difference.

**Brand name drug** means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.

**Coinsurance** means a percentage of the cost of a covered health care service, which you are responsible to pay. The cost of the covered health care service is generally deemed to be the allowed amount, which may differ from the retail price that you would pay for the same service without using insurance. Typically, a coinsurance does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

**Copayment** means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

**Covered individual** is an individual enrolled in, subscribed to, or insured under a health product, whether directly or as a dependent or beneficiary.

**Deductible** means the amount you pay for covered health care benefits before your health insurer begins to pay for all or part of the cost of the health care benefits under the terms of coverage. If your health product has a deductible, it may have either one deductible or separate deductibles for medical benefits and drug benefits. For some health care services, such as preventive services, your health insurance company might waive or lower the deductible to pay for costs of the health care service from the first dollar of coverage, but this tends not to happen for most other covered services.

**Drug Tier** means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

**Enrollee** is a person enrolled in a health plan who is entitled to receive services from the plan.

**Exception request** means a request for coverage of i) a nonformulary drug, ii) a drug being removed from the formulary, iii) a quantity of a drug above a quantity limit, or iv) a drug that is subject to a step therapy requirement. If you, your designee, or your attending or prescribing provider submits an exception request for coverage of a drug, the health insurance issuer must cover the drug when the drug is determined to be medically necessary to treat your condition.

**Exigent circumstances** means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

**Formulary or prescription drug list** means the complete list of drugs preferred for use and eligible for coverage under a health product, and includes all drugs covered under the outpatient or pharmacy drug benefit of the health product. Formulary is also known as a drug list or prescription drug list.

**Generic drug** means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.

**Medically Necessary** means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

**Non-formulary drug** means a prescription drug that is not listed on this formulary, but may become eligible for coverage under an “exception request.”

**Oral Anti-Cancer drugs** are prescribed, orally administered medications used to kill or slow the growth of cancerous cells. They are no more restrictive than those applied to intravenously injected or administered cancer medications covered by the health product. There are no separate cost-sharing requirements or treatment limitations for prescribed, orally-administered cancer medications.

**Out-of-pocket costs** means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

**Prescribing provider** means a health care provider authorized to write a prescription to treat your health condition.

**Prescription** means an oral, written, or electronic order from a prescribing provider for you that contains the name of the drug, the quantity of the drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by you, the health condition or purpose for which the drug is being prescribed.

**Prescription drug** means a drug that is prescribed by your prescribing provider and requires a prescription under applicable law.

**Prior Authorization** means a health product's requirement that you or your prescribing provider obtain the health insurance issuer's authorization for a drug before the health product will cover the drug. The health insurance issuer must grant a prior authorization when it is medically necessary for you to obtain the drug.

**Step therapy** means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

**Subscriber** means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

# How to use this guide

Your guide includes a list of commonly used drugs covered on your pharmacy plan. The amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the prescription's price after you meet your deductible, if applicable. Preferred generic drugs cost less. Preferred brand drugs will have a higher cost.

## Your plan includes

- Brand and generic drugs that are hand-picked for their quality and effectiveness
- A specialty pharmacy that fills specialty prescriptions and provides services that include personal support, helpful resources and training, and free secure home delivery
- A home delivery pharmacy that delivers maintenance drugs to your home or wherever you choose (for drugs that are taken regularly to treat conditions like diabetes or asthma)

## What you can expect to pay

With your pharmacy plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the drug's/medicine's price. If a pharmacy's retail price for a prescription drug is less than your total cost share amount, you will not be required to pay more than the retail drug price.

Each drug is grouped as a generic, a brand or a specialty drug. The preferred drugs within these groups will generally save you money compared to a non-preferred drug. Typically, generic drugs are less expensive than brands.

Specialty prescription drugs typically include higher-cost drugs that may require special handling, storage, or administration. Specialty prescription drugs may also require monitoring from healthcare providers.

You're covered for all types of medicine — some more expensive, and some less.

- **Generic:** the lowest cost
- **Preferred brand:** a slightly higher cost
- **Non-preferred brand:** a higher cost
- **Preferred Specialty:** lower cost for specialty drugs
- **Non-preferred Specialty:** higher cost for non-preferred specialty drugs

Your pharmacy plan may not have all the coverage levels listed above so check your plan documents to see how much you will pay. Drug coverage may vary by plan. Check your plan documents for coverage information.

## For your exact coverage and cost, and to learn more about your plan

Visit the website that's on your member ID card. Then log in to your account, where you can:

- Find out the coverage\* and estimate of cost for specific drugs
- View your deductibles and plan limits
- Order medications
- Check your pharmacy order status
- Get a member ID card
- View your claims, Explanation of Benefits and more.

\* Check your plan documents for coverage information. Your plan may not cover certain drugs to treat conditions such as infertility, erectile dysfunction and weight loss.

## Have more questions about your pharmacy benefits?

We're here to help. There are several ways you can learn more about your benefits:

- Check your Plan Design and Benefits Summary in your enrollment kit.
- Call the toll-free number on your member ID card.
- Review our pharmacy frequently asked questions (FAQs) and answers. Just visit the website that's on your member ID card to search for the "Pharmacy FAQ."
- Visit your secure member website and sign in to your account to view your plan information.

## Specialty Pharmacy Network

An in-network specialty pharmacy can fill your prescriptions for specialty drugs. These are the types of drugs that may be injected, infused or taken by mouth. They often need special storage and handling. And they need to be delivered quickly. A nurse or pharmacist may monitor you during your treatment, if needed. With this type of pharmacy, you can get this medicine sent right to your home.

## How to get started with a specialty pharmacy

Ordering your prescriptions through our specialty pharmacy is easy. And we typically offer a 30-day medicine supply.

- **To transfer your prescription**, just call us toll-free at **[1-866-353-1892](tel:1-866-353-1892)** (TTY: **[711](tel:1-866-353-1892)**).
- **For a new prescription**, your doctor can send it to us in one of four ways:
  1. **Electronically:** Through e-prescribe
  2. **Fax:** **1-800-323-2445**
  3. **Phone:** **[1-800-237-2767](tel:1-800-237-2767)** (TTY: **[711](tel:1-800-237-2767)**)

If you mail in your own prescription, please send it with a completed Patient Profile Form. To find this form, just visit the website that's on your member ID card, to search for the "Patient Profile Form."

## CVS Caremark Mail Service Pharmacy™

You can have maintenance drugs sent right to your home or anywhere else you choose by CVS Caremark Mail Service Pharmacy. These are drugs that are taken regularly for chronic conditions like diabetes or asthma. Depending on your plan, you can get up to a 90-day supply of medicine for less cost. It's fast and convenient, and standard shipping is always free.

## Get started right away

You can submit your order using one of these options:

1. **Online** — Visit your secure member website and sign in to your account. There you can add or remove your prescriptions.
2. **Phone** — Call us toll-free, 24/7 at **[1-888-792-3862](tel:1-888-792-3862)** (TTY: **[711](tel:1-888-792-3862)**). If you need the help of a telephone device for the hard of hearing, call **[1-877-833-2779](tel:1-877-833-2779)** (TTY: **[711](tel:1-877-833-2779)**).
3. **Mail** — Get a new prescription from your doctor. Then mail it to us with a completed order form. You can find the form on your secure member website. The mailing address is on the form.

## Your doctor can submit your order using one of these options:

1. **Online** — They can submit your prescriptions using the e-prescribe services on our provider website.
2. **Fax** — They can fax your prescription to **1-877-270-3317**. Make sure they include your member ID number, date of birth and mailing address on the fax cover sheet. Only a doctor may fax a prescription.

# Frequently asked questions

## How can I save on prescriptions?

Here are some tips to pay less out of pocket for your prescription drugs:

- Ask your doctor to consider prescribing drugs that are on the Pharmacy Drug Guide (formulary).
- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Our home delivery pharmacy may save you money. For more information, visit the website on your member ID card and log in to your account.

## What are generic drugs?

Generic drugs are proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name drugs and work the same way. So they have the same risks and benefits as brand-name drugs. However, they typically cost less.

When appropriate, your doctor may decide to prescribe a generic drug or allow the pharmacist to substitute a generic drug.

## What is precertification/prior authorization (PA)?

Prior authorization is one way that we can help you and your doctor find safe, appropriate drugs and keep costs down. Prior authorization means that you or your doctor need to get approval from the plan before certain drugs will be covered. Generally, Prior authorization applies to drugs that:

- Are often taken in the wrong way
- Should only be used for certain conditions
- Often cost more than other drugs that are proven to be just as effective.

Keep in mind that your doctor must contact us to request approval of coverage for these drugs.

The length of approval for a prior authorization may be different depending on the type of drug, the way your provider prescribed your drug, or the time of year you get your coverage.

- Most prior authorization approvals will be valid for 6 months, the length of treatment as determined by your prescribing provider, or the renewal of your plan, whichever of these is the shortest amount of time
- For maintenance medications to treat a chronic condition or long-term condition, your prior authorization will be valid for either 12 months or the length of time determined by your prescribing provider
- Different prior authorization requirements might apply to benzodiazepines and Schedule II narcotic drugs. Please refer to the formulary or contact us with questions about these drugs.

## What is step therapy (ST)?

Some drugs require step therapy. This means that you must try one or more prerequisite drug(s) before a step therapy drug is covered.

The prerequisite drugs have U.S. Food and Drug Administration (FDA) approval and may cost less. They treat the same condition as the step therapy drug.

If you don't try the appropriate prerequisite drug first, you may need to pay full cost for the step-therapy drug.

## What are quantity limits (QL)?

Quantity limits help your doctor and pharmacist make sure that you use your drug correctly and safely. We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- **Dose efficiency edits** — Limits prescription coverage to one dose per day for drugs that have approval for once-daily dosing
- **Maximum daily dose** — If a prescription is lower than the minimum or higher than the maximum allowed dose, a message is sent to the pharmacy
- **Quantity limits over time** — Limits prescription coverage to a specific number of units over a specific amount of time

## **What if I need a drug that requires an exception to the precertification, step therapy or quantity limits requirements? Or what if I need a drug that's not covered under my plan?**

In certain cases, you or your prescriber can request a medical exception to the precertification, step therapy or quantity limits requirements or for a drug that's not covered on your plan. You can ask for your request to be expedited. Expedited coverage decisions are made within 24 hours.

We'll then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

### **How can your provider request a medical exception?**

- Submit their request through our secure provider website on [www.CoverMyMeds.com](https://www.CoverMyMeds.com).
- Call the Aetna Pharmacy Precertification Unit: NonSpecialty **1-800-294-5979 (TTY: 711)** or Specialty **1-866-814-5506 (TTY: 711)**.
- Fax the completed request form to: Non-Specialty **1-888-836-0730** or Specialty **1-866-249-6155**.
- Mail the completed request form to: Medical Exception to Pharmacy Prior Authorization Unit 1300 East Campbell Road Richardson, TX 75081

### **Pharmacy and Therapeutics (P&T) committee**

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee are not employees of CVS Caremark and must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

## **Can the formulary change during the year?**

The formulary can change throughout the year. Some reasons why it can change include:

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the generic drug will be covered in place of the brandname drug. The brand-name drug is likely to become non-formulary or covered at a higher cost. See the "What are generic drugs?" section above for more information.
- Change in drug or dosage form.
- Changes in tier placement of a drug that results in an increase in cost sharing.
- Any changes of utilization review restrictions, including any additions of these restrictions.

## **Does Aetna provide notice of these changes?**

Yes, Aetna provides member and provider notifications 60 days in advance.

## **What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?**

A medical benefit drug is a drug that is generally not self-administered and requires administration by health care provider. The Outpatient Prescription Drug Benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded from coverage.

Refer to your Summary of Benefits for differences and information about the prescription drugs covered under your Outpatient prescription drugs and medical benefit in your plan.

For a more detailed summary of your coverage or benefits plan you can log in to your secure member site on [www.aetna.com](https://www.aetna.com) or call the toll-free number on your member ID card.

# Discrimination is Against the Law

Aetna complies with applicable California and Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ethnic group, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, medical condition, genetic information, or sex (consistent with 45 CFR § 92.101(a)(2) and California 2 CCR § 14025). Aetna does not exclude people or treat them less favorably because of race, color, national origin, ethnic group, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, medical condition, genetic information, or disability.

Aetna:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified sign language interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call [1-800-872-3862](tel:1-800-872-3862) (TTY: [711](tel:711)) or the number on the back of your ID card.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ethnic group, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, medical condition, genetic information, or disability, by action or inaction, you can file a grievance with:

## Civil Rights Coordinator

Attn: 1557 Coordinator

CVS Pharmacy, Inc.

1 CVS Drive, MC 2332, (HMO customers: P.O. Box 14032 Lexington, KY 40512-4032)

Woonsocket, RI 02895

Phone: [1-800-648-7817](tel:1-800-648-7817), TTY: [711](tel:711)

Email: [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com)

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

Please visit <https://www.aetna.com/individuals-families/member-rights-resources/complaints-grievances-appeals.html#california> for information about how to file a complaint or grievance with the California Department of Insurance or California Department of Managed Health Care (for HMO enrollees).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
[1-800-368-1019](tel:1-800-368-1019), [800-537-7697](tel:800-537-7697) (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

This notice is available at Aetna's website: <https://www.aetna.com/>.

*"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of companies offering and administering health and dental plans and other products such as life, disability, and long-term care insurance. In California, this includes Aetna's wholly-owned subsidiaries Aetna Life Insurance Company, Aetna Health of California Inc., Aetna Better Health of California Inc., Aetna Dental of California Inc., and Health and Human Resource Center Inc., and its other affiliates licensed in California. Aetna's ultimate parent is CVS Health Corporation ("CVS Health").*

# Language accessibility statement

Interpreter services are available for free.

TTY: [711](tel:711)

To access language services at no cost to you, call **1-800-385-4104**.

Para acceder a los servicios de idiomas sin costo, llame al **1-800-385-4104**. (Spanish)

如欲使用免費語言服務，請致電 **1-800-385-4104**. (Chinese)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số **1-800-385-4104**. (Vietnamese)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa **1-800-385-4104**. (Tagalog)

무료 언어 서비스를 이용하려면 1-800-385-4104 번으로 전화해 주십시오. (Korean)

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք **1-800-385-4104** հեռախոսահամարով: (Armenian)

(Persian-Farsi) برای دسترسی به خدمات زبان به طور رایگان، با شماره **1-800-385-4104** تماس بگیرید.

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону **1-800-385-4104**. (Russian)

言語サービスを無料でご利用いただくには、**1-800-385-4104** までお電話ください。  
(Japanese)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم **1-800-385-4104**. (Arabic)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, **1-800-385-4104** 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទលេខ **1-800-385-4104** ។  
(Mon-Khmer, Cambodian)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu **1-800-385-4104**. (Hmong)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, **1-800-385-4104** पर कॉल करें। (Hindi)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร **1-800-385-4104**. (Thai)

# Notice of Language Assistance

## **HMO and DMO-based plans:**

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at [1-877-287-0117](tel:1-877-287-0117). Planes basados en DMO y HMO –

IMPORTANTE: ¿Puede leer esta carta? En caso de no poder leerla, le brindamos nuestra ayuda. También puede obtener esta carta escrita en su idioma. Para obtener ayuda gratuita, por favor llame de inmediato al [1-877-287-0117](tel:1-877-287-0117).

## **Traditional Plans:**

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or [1-877-287-0117](tel:1-877-287-0117). For more help call the CA Dept. of Insurance at [1-800-927-4357](tel:1-800-927-4357)  
English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al [1-877-287-0117](tel:1-877-287-0117). Para obtener más ayuda, llame al Departamento de Seguros de CA al [1-800-927-4357](tel:1-800-927-4357). Spanish

## Non-discrimination notice

Aetna® complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity. We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation or gender identity. We:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call us at [1-888-982-3862](tel:1-888-982-3862) (TTY: [711](tel:711)).

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity you can file a grievance with:

**Civil Rights Coordinator**

[P.O. Box 14462, Lexington, KY 40512

(CA HMO customers: PO Box 24030 Fresno, CA 93779)]

[[1-800-648-7817](tel:1-800-648-7817), TTY: [711](tel:711)]

Fax: [859-425-3379 (CA HMO customers: 860-262-7705)]

Email: [[CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com)]

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with:

- The U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>], or by mail or phone at:  
U.S. Department of Health and Human Services  
[200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201]  
[1-800-368-1019, 800-537-7697 (TDD)]  
Complaint forms are available at [<http://www.hhs.gov/ocr/office/file/index.html>]
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at [<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>], or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at [<https://fortress.wa.gov/oic/online services/cc/pub/complaintinformation.aspx>]

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TTY:711

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|-----------------------------------------------------------------------------------------------------------|
| To access language services at no cost to you, call 1-888-982-3862 .                                      |
| Para acceder a los servicios de idiomas sin costo, llame al 1-888-982-3862 . (Spanish)                    |
| 如欲使用免費語言服務，請致電 1-888-982-3862 . (Chinese)                                                                 |
| Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862 . (French)                  |
| Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-888-982-3862 . (Tagalog) |
| T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó koji' hólne' 1-888-982-3862 . (Navajo)          |
| Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an. (German)       |
| Për shërbime përkthimi falas për ju, telefononi 1-888-982-3862 . (Albanian)                               |
| የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በ 1-888-982-3862 ይደውሉ። (Amharic)                                               |

|                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------|
| (Arabic). 1-888-982-3862 للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم                                              |
| Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք<br>1-888-982-3862 հեռախոսահամարով: (Armenian)                               |
| Kugira uronke serivisi z'indimi atakiguzi, hamagara 1-888-982-3862 . (Bantu)                                                            |
| আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে এই নম্বরে টেলিফোন করুন: 1-888-982-3862 । (Bengali)                                              |
| Ngadto maakes ang mga serbisyo sa pinulongan alang libre, tawagan sa<br>1-888-982-3862 . (Bisayan-Visayan)                              |
| သင့်အတွက် အခကြေးငွေ မရှိဘဲ ဘာသာစကားဝန်ဆောင်မှုများကို ဝင်ရောက်အသုံးပြုရန်<br>1-888-982-3862 ကိုခေါ်ဆိုပါ။ (Burmese)                     |
| ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye 1-888-982-3862<br>(Carolinian (Kapasal Falawasch))               |
| Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al 1-888-982-3862 .<br>(Catalan)                                   |
| Para un hago' i setbision lengguahi ni dibatde para hagu, agang 1-888-982-3862 .<br>(Chamorro)                                          |
| ᏍᏏᏉᏗ ᏌᏍᏗᏂᏗ ᏌᏍᏗᏂᏗ ᏌᏍᏗᏂᏗ ᏌᏍᏗᏂᏗ ᏌᏍᏗᏂᏗ ᏌᏍᏗᏂᏗ 1-888-982-3862 .<br>(Cherokee)                                                                 |
| Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla, I paya 1-888-982-3862 .<br>(Choctaw)                                        |
| Tajaajiiloota afaanii garuu bilisaa ati argaachuuf,bilbili 1-888-982-3862 . (Cushite-Oromo)                                             |
| Voor gratis toegang tot taaldiensten, bell 1-888-982-3862 . (Dutch)                                                                     |
| Pou jwenn sèvis lang gratis, rele 1-888-982-3862 . (French Creole-Haitian)                                                              |
| Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα<br>σας, τηλεφωνήστε στον αριθμό 1-888-982-3862 . (Greek) |
| તમારે કોઇ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, કોલ કરો 1-888-982-3862 . (Gujarati)                                                |
| No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i kēia helu kelepona<br>1-888-982-3862 . Kāki 'ole 'ia kēia kōkua nei. (Hawaiian)  |
| आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, 1-888-982-3862 पर कॉल करें। (Hindi)                                        |
| Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-888-982-3862 . (Hmong)                                                      |
| Iji nwetaòhèrè na rụ gasị asụsụ n'efu, kpọọ 1-888-982-3862 . (Ibo)                                                                      |
| Tapno maakesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo,<br>tawagan ti 1-888-982-3862 . (Ilocano)                    |

|                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------|
| Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi 1-888-982-3862 .<br>(Indonesian)                                 |
| Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero<br>1-888-982-3862 . (Italian)                 |
| 言語サービスを無料でご利用いただくには、1-888-982-3862 までお電話ください。<br>(Japanese)                                                                    |
| လကမၤန့ၢ် ကျိၣ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢၣ်ဘျၣ်လၢၣ်စ့ၤ လၢန့ၢ်အဂီၢ်, ကိၣ်: 1-888-982-3862 .<br>(Karen)                              |
| 무료 언어 서비스를 이용하려면 1-888-982-3862 번으로 전화해 주십시오. (Korean)                                                                         |
| M̈ dyi wuḍu-dù kà kò dò bë dyi m̈uún nì Pídyi ní, n̈í, dá nòbà n̈ià kɛ: 1-888-982-3862 .<br>(Kru-Bassa)                        |
| بۆ دەسپێراگە یشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەيوەندی بکە بە ژمارەى 1-888-982-3862<br>(Kurdish)                    |
| ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ, ໃຫ້ໂທຫາເບີ 1-888-982-3862 . (Laotian)                                       |
| कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, 1-888-982-3862 वर फोन करा. (Marathi)                                       |
| Nan etal nan jikin jiban ikijen Kajin ilo an ejelok onen nan kwe, kirlök<br>1-888-982-3862 . (Marshallese)                     |
| Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih 1-888-982-3862 .<br>(Micronesian-Pohnpeian)                        |
| ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទេស 1-888-982-3862 ។<br>(Mon-Khmer, Cambodian)                          |
| निःशुल्क भाषा सेवा प्राप्त गर्न 1-888-982-3862 मा टेलिफोन गर्नुहोस् । (Nepali)                                                 |
| Të kɔɔr yin wëër de thokic ke cîn wëu kɔr keek tënɔŋ yin. Ke cɔl kɔc ye kɔc kuɔny ne<br>nɔmba 1-888-982-3862 . (Nilotic-Dinka) |
| For tilgang til kostnadsfri språktjenester, ring 1-888-982-3862 . (Norwegian)                                                  |
| Um Schprooch Services zu griege mitaus Koscht, ruff 1-888-982-3862 .<br>(Pennsylvania Dutch)                                   |
| برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-888-982-3862 تماس بگیرید.<br>(Persian-Farsi)                               |
| Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić<br>1-888-982-3862 . (Polish)                               |

|                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------|
| Para acessar os serviços de idiomas sem custo para você, ligue para 1-888-982-3862 . (Portuguese)                           |
| ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, 1-888-982-3862 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)                      |
| Pentru a accesa gratuit serviciile de limbă, apălați 1-888-982-3862 . (Romanian)                                            |
| Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-888-982-3862 . (Russian)                      |
| Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le 1-888-982-3862 . (Samoan)                              |
| Za besplatne prevodilačke usluge pozovite 1-888-982-3862 . (Serbo-Croatian)                                                 |
| Heeba a nasta jangirde djey wolde wola chede bo apelou lamba 1-888-982-3862 . (Sudanic-Fulfulde)                            |
| Kupata huduma za lugha bila malipo kwako, piga 1-888-982-3862 . (Swahili)                                                   |
| 1-888-982-3862 :ܠܚܝܬܐ ܕܠܥܝܠܐ ܕܠܥܝܠܐ ܕܠܥܝܠܐ ܕܠܥܝܠܐ (Syriac Assyrian)                                                         |
| మీరు భాష సేవలను ఉచితంగా అందుకునేందుకు, 1-888-982-3862 కాల్ చేయండి. (Telugu)                                                 |
| หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-888-982-3862 . (Thai)                                 |
| Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he 1-888-982-3862 . (Tongan) |
| Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori 1-888-982-3862 . (Trukese)                             |
| Sizin için ücretsiz dil hizmetlerine erişebilmek için, 1-888-982-3862 numarayı arayın. (Turkish)                            |
| Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером 1-888-982-3862 . (Ukrainian)                       |
| بلا قیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے، 1-888-982-3862 پر بات کریں۔ (Urdu)                                          |
| Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-888-982-3862 . (Vietnamese)                         |
| צו צוטרייט שפראך באַדינונגען אין קיין פּרײַז צו איר, רופן 1-888-982-3862 . (Yiddish)                                        |
| Lati wọnú awọn isẹ èdè l'ọfẹ fun ọ, pe 1-888-982-3862 . (Yoruba)                                                            |

## Remember to visit the website on your member ID card. Then sign in to your account for the most up-to-date information.

Please note that if your prescription drug benefits plan changes, the information here may no longer apply.

Medications on the Aetna Drug Guide, precertification, step-therapy and quantity limits lists are subject to change.

Coverage Requirements such as Prior Authorization or Step Therapy may vary by state.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Assurance Pennsylvania Inc., Aetna Health Insurance company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Pharmacy benefits are administered by an affiliated pharmacy benefit manager, CVS Caremark. Aetna® is part of the CVS Health® family of companies.

Your plan may not cover certain drugs to treat conditions such as infertility, erectile dysfunction and weight loss. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on your member ID card.

The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. However, these programs are available to self-funded plans.

In accordance with state law or insurer policies, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Arizona, Iowa, Louisiana, New York, Texas, and in most circumstances Connecticut and Vermont, and in some circumstances Washington and Tennessee, until the plans' renewal date.

In accordance with state law, certain fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of drugs that are later added to the Preauthorization or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those drugs covered, for as long as the treating in-network provider continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication.

In accordance with state law, fully insured Commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added to the Precertification or Step-Therapy Lists will continue to have those drugs covered for as long as the prescriber prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

For fully insured plans (including HMOs) in Maryland, changes in prior authorization requirements for previously authorized immune globulin (human) and drugs used in the treatment of a mental disorder may not apply on reauthorization under certain conditions.

In accordance with state law, commercial fully insured (including HMO) members in Connecticut, Louisiana, New Mexico and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added or removed from the Pharmacy Drug Guide and Specialty Drug List will continue to have those drugs covered at the same benefit level until their plan's renewal date. In Texas, preauthorization approval is known as "preservice utilization review." It is not "verification" as defined by Texas law. Preauthorization means a determination that healthcare services proposed to be provided to a patient are medically necessary and appropriate.



In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota, Pennsylvania and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

In certain states, including Maine, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of metastatic cancer and conditions associated with metastatic cancer.

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This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. CVS Caremark Mail Service Pharmacy is part of the CVS Health family of companies.

## Standard Control Choice Plan

### Drug Tier

**CE** = Copay Exception: Available to some members at np cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply

**G** = Generics

**NF** = Non-formulary, not covered unless exception request granted

**NPB** = Non-Preferred Brands

**NPSP** = Non-Preferred Specialty

**PB** = Preferred Brands

**PSP** = Preferred Specialty

### Drug Notes

**N8** = Drug Specific Coverage

**lowercase italics** = Generic drugs

**UPPERCASE** = Brand name drugs

| Prescription Drug Name                                                   | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>                 |           |                                            |
| <b>COX-2 INHIBITORS</b>                                                  |           |                                            |
| CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG ( <i>celecoxib</i> ) | NF        |                                            |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i>                     | G         |                                            |
| <i>celecoxib oral capsule 50 mg</i>                                      | G         | N8 (Listing does not include certain NDCs) |
| ELYXYB ORAL SOLUTION 120 MG/4.8ML ( <i>celecoxib (migraine)</i> )        | NF        |                                            |
| <b>GOUT</b>                                                              |           |                                            |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                            | G         | N8 (Listing does not include certain NDCs) |
| <i>colchicine oral capsule 0.6 mg</i>                                    | G         |                                            |
| <i>colchicine oral tablet 0.6 mg</i>                                     | G         |                                            |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i>                      | G         |                                            |
| <i>febuxostat oral tablet 40 mg, 80 mg</i>                               | G         |                                            |
| GLOPERBA ORAL SOLUTION 0.6 MG/5ML ( <i>colchicine</i> )                  | NF        |                                            |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50ML, 8 MG/ML ( <i>pegloticase</i> ) | NPSP      |                                            |
| MITIGARE ORAL CAPSULE 0.6 MG ( <i>colchicine</i> )                       | NF        |                                            |
| <i>probenecid oral tablet 500 mg</i>                                     | G         |                                            |
| ULORIC ORAL TABLET 40 MG, 80 MG ( <i>febuxostat</i> )                    | NF        |                                            |

| Prescription Drug Name                                                                          | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>MISCELLANEOUS</b>                                                                            |           |                                            |
| PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML ( <i>ziconotide acetate</i> ) | NPSP      |                                            |
| <b>NON-OPIOID ANALGESICS</b>                                                                    |           |                                            |
| ALLZITAL ORAL TABLET 25-325 MG ( <i>butalbital-acetaminophen</i> )                              | NF        |                                            |
| <i>butalbital-apap-caffeine</i> (Bac (Butalbital-Acetamin-Caff) Oral Tablet 50-325-40 Mg)       | G         |                                            |
| <i>butalbital-acetaminophen oral capsule 50-300 mg</i>                                          | NF        |                                            |
| <i>butalbital-acetaminophen oral tablet 50-300 mg</i>                                           | NF        |                                            |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>                                           | G         |                                            |
| <i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>                         | NF        |                                            |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>                                        | G         | N8 (Listing does not include certain NDCs) |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>                                    | G         | N8 (Listing does not include certain NDCs) |
| FIORICET ORAL CAPSULE 50-300-40 MG ( <i>butalbital-apap-caffeine</i> )                          | NF        |                                            |
| JOURNAVX ORAL TABLET 50 MG ( <i>suzetrigine</i> )                                               | NPB       |                                            |
| TENCON ORAL TABLET 50-325 MG ( <i>butalbital-acetaminophen</i> )                                | G         |                                            |
| <b>NSAIDS</b>                                                                                   |           |                                            |
| CAMBIA ORAL PACKET 50 MG ( <i>diclofenac potassium(migraine)</i> )                              | NF        |                                            |
| COXANTO ORAL CAPSULE 300 MG ( <i>oxaprozin</i> )                                                | NF        |                                            |
| <i>diclofenac epolamine external patch 1.3 %</i>                                                | G         |                                            |
| <i>diclofenac potassium oral capsule 25 mg</i>                                                  | NF        |                                            |
| <i>diclofenac potassium oral tablet 25 mg</i>                                                   | NF        |                                            |
| <i>diclofenac potassium oral tablet 50 mg</i>                                                   | G         | N8 (Listing does not include certain NDCs) |
| <i>diclofenac potassium(migraine) oral packet 50 mg</i>                                         | NF        |                                            |
| <i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>                         | G         |                                            |
| <i>diclofenac sodium external solution 1.5 %</i>                                                | G         |                                            |
| <i>diclofenac sodium external solution 2 %</i>                                                  | NF        |                                            |
| <i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>                        | G         |                                            |

| Prescription Drug Name                                                                          | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>                  | G         |                                            |
| <i>etodolac oral capsule 300 mg</i>                                                             | G         |                                            |
| <i>etodolac oral tablet 400 mg, 500 mg</i>                                                      | G         |                                            |
| <i>fenoprofen calcium oral capsule 400 mg</i>                                                   | NF        |                                            |
| <i>flurbiprofen oral tablet 100 mg</i>                                                          | G         | N8 (Listing does not include certain NDCs) |
| <i>flurbiprofen oral tablet 50 mg</i>                                                           | G         |                                            |
| <i>ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)</i>                                       | G         |                                            |
| <i>ibuprofen oral suspension 100 mg/5ml</i>                                                     | G         |                                            |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>                                             | G         | N8 (Listing does not include certain NDCs) |
| INDOCIN ORAL SUSPENSION 25 MG/5ML ( <i>indomethacin</i> )                                       | NF        |                                            |
| <i>indomethacin (Indocin Rectal Suppository 50 Mg)</i>                                          | NF        |                                            |
| <i>indomethacin er oral capsule extended release 75 mg</i>                                      | G         |                                            |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                                                   | G         |                                            |
| <i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>                               | NF        |                                            |
| <i>ketoprofen oral capsule 25 mg</i>                                                            | NF        |                                            |
| <i>ketorolac tromethamine oral tablet 10 mg</i>                                                 | G         | N8 (Listing does not include certain NDCs) |
| LICART EXTERNAL PATCH 24 HOUR 1.3 % ( <i>diclofenac epolamine</i> )                             | NF        |                                            |
| LODINE ORAL TABLET 400 MG ( <i>etodolac</i> )                                                   | NF        |                                            |
| <i>diclofenac potassium (Lofena Oral Tablet 25 Mg)</i>                                          | NF        |                                            |
| <i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>                                          | G         |                                            |
| <i>mefenamic acid oral capsule 250 mg</i>                                                       | NF        |                                            |
| <i>meloxicam oral capsule 10 mg, 5 mg</i>                                                       | NF        |                                            |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>                                                      | G         |                                            |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                                                    | G         | N8 (Listing does not include certain NDCs) |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG ( <i>naproxen sodium</i> ) | NF        |                                            |
| <i>naproxen oral suspension 125 mg/5ml</i>                                                      | NF        |                                            |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>                                              | G         |                                            |
| <i>naproxen oral tablet delayed release 375 mg, 500 mg</i>                                      | G         |                                            |
| <i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>           | NF        |                                            |

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|-------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                                                           | G         |            |
| <i>oxaprozin oral tablet 600 mg</i>                                                                         | G         |            |
| <i>piroxicam oral capsule 10 mg, 20 mg</i>                                                                  | G         |            |
| SPRIX NASAL SOLUTION 15.75 MG/SPRAY ( <i>ketorolac tromethamine</i> )                                       | NF        |            |
| <i>sulindac oral tablet 150 mg, 200 mg</i>                                                                  | G         |            |
| VOLTAREN EXTERNAL GEL 1 % ( <i>diclofenac sodium</i> )                                                      | NPB       |            |
| ZIPSOR ORAL CAPSULE 25 MG ( <i>diclofenac potassium</i> )                                                   | NPB       |            |
| <b>NSAIDS, COMBINATIONS</b>                                                                                 |           |            |
| ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG ( <i>diclofenac-misoprostol</i> )                | NF        |            |
| COMBOGESIC ORAL TABLET 325-97.5 MG ( <i>ibuprofen-acetaminophen</i> )                                       | NF        |            |
| <i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>                              | G         |            |
| <i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>                                                         | G         |            |
| <i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>                            | NF        |            |
| PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-% ( <i>diclofenac-omeprazole-capsicum</i> ) | NF        |            |
| <b>OPIOID ANALGESICS</b>                                                                                    |           |            |
| <i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>                                  | G         |            |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>                                    | G         |            |
| <i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>                                                 | G         |            |
| <i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)                            | G         |            |
| <i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>                               | G         |            |
| <i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>                                             | G         |            |
| <i>butorphanol tartrate nasal solution 10 mg/ml</i>                                                         | G         |            |
| <i>codeine sulfate oral tablet 60 mg</i>                                                                    | NPB       |            |
| CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG ( <i>tramadol hcl</i> )                 | NPB       |            |
| DILAUDID INJECTION SOLUTION 2 MG/ML ( <i>hydromorphone hcl</i> )                                            | NF        |            |

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|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| DILAUDID ORAL LIQUID 1 MG/ML ( <i>hydromorphone hcl</i> )                                                                               | NPB       |                                            |
| DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG<br>( <i>hydromorphone hcl</i> )                                                                   | NPB       |                                            |
| DISKETS ORAL TABLET SOLUBLE 40 MG ( <i>methadone hcl</i> )                                                                              | G         |                                            |
| DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG<br>( <i>sufentanil citrate</i> )                                                             | NPB       |                                            |
| <i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)                                        | G         |                                            |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i> | G         |                                            |
| <i>hydrocodone-acetaminophen oral solution 5-217 mg/10ml</i>                                                                            | G         |                                            |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>                           | G         |                                            |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>                                                                | G         |                                            |
| <i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>                                              | G         |                                            |
| <i>hydromorphone hcl oral liquid 1 mg/ml</i>                                                                                            | G         |                                            |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>                                                                                   | G         |                                            |
| <i>hydromorphone hcl-nacl injection solution 10-0.9 mg/50ml-%, 50-0.9 mg/50ml-%</i>                                                     | NF        |                                            |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG<br>( <i>hydrocodone bitartrate</i> )       | NF        |                                            |
| <i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>                                                                                      | NF        |                                            |
| <i>meperidine hcl oral solution 50 mg/5ml</i>                                                                                           | G         |                                            |
| <i>meperidine hcl oral tablet 50 mg</i>                                                                                                 | G         |                                            |
| <i>methadone hcl injection solution 10 mg/ml</i>                                                                                        | G         | N8 (Listing does not include certain NDCs) |
| <i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)                                                                 | G         |                                            |
| <i>methadone hcl oral concentrate 10 mg/ml</i>                                                                                          | G         |                                            |
| <i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>                                                                                  | G         |                                            |
| <i>methadone hcl oral tablet 10 mg, 5 mg</i>                                                                                            | G         |                                            |
| <i>methadone hcl-sodium chloride intravenous solution prefilled syringe 1-0.9 mg/ml-%</i>                                               | NPB       |                                            |
| METHADOSE ORAL CONCENTRATE 10 MG/ML ( <i>methadone hcl</i> )                                                                            | NPB       |                                            |

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|---------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>methadone hcl</i> (Methadose Oral Tablet Soluble 40 Mg)                                                                | G         |            |
| METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML ( <i>methadone hcl</i> )                                                   | NPB       |            |
| <i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>                                                              | G         |            |
| <i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>          | G         |            |
| <i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>         | G         |            |
| <i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>                               | G         |            |
| <i>morphine sulfate oral solution 10 mg/5ml</i>                                                                           | G         |            |
| <i>morphine sulfate oral tablet 15 mg, 30 mg</i>                                                                          | G         |            |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG ( <i>morphine sulfate</i> )                                    | NPB       |            |
| <i>nalocet oral tablet 2.5-300 mg</i>                                                                                     | NF        |            |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG ( <i>tapentadol hcl</i> )           | NF        |            |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG ( <i>tapentadol hcl</i> )                                                        | NF        |            |
| <i>oxycodone hcl oral capsule 5 mg</i>                                                                                    | G         |            |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i>                                                                          | G         |            |
| <i>oxycodone hcl oral solution 5 mg/5ml</i>                                                                               | G         |            |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>                                                         | G         |            |
| <i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>                                                                    | G         |            |
| <i>oxycodone-acetaminophen oral solution 10-300 mg/5ml, 5-325 mg/5ml</i>                                                  | NF        |            |
| <i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>                                    | NF        |            |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>                                    | G         |            |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG ( <i>oxycodone hcl</i> ) | NF        |            |
| <i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>            | NF        |            |
| <i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>                                                                            | G         |            |
| PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG ( <i>oxycodone-acetaminophen</i> )                                   | NF        |            |

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|-----------------------------------------------------------------------------------------------------------------|-----------|------------|
| PROLATE ORAL SOLUTION 10-300 MG/5ML ( <i>oxycodone-acetaminophen</i> )                                          | NF        |            |
| PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG ( <i>oxycodone-acetaminophen</i> )                          | NF        |            |
| ROXICODONE ORAL TABLET 15 MG, 30 MG ( <i>oxycodone hcl</i> )                                                    | NPB       |            |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG ( <i>oxycodone hcl</i> )                                | NF        |            |
| <i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>                  | NF        |            |
| <i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>                   | G         |            |
| <i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>                              | G         |            |
| <i>tramadol hcl oral solution 5 mg/ml</i>                                                                       | G         |            |
| <i>tramadol hcl oral tablet 100 mg, 75 mg</i>                                                                   | NF        |            |
| <i>tramadol hcl oral tablet 50 mg</i>                                                                           | G         |            |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>                                                           | G         |            |
| TREZIX ORAL CAPSULE 320.5-30-16 MG ( <i>apap-caff-dihydrocodeine</i> )                                          | G         |            |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG ( <i>oxycodone</i> )      | NF        |            |
| <b>OPIOID PARTIAL AGONISTS</b>                                                                                  |           |            |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG ( <i>buprenorphine hcl</i> )   | PB        |            |
| <i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>             | G         |            |
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR ( <i>buprenorphine</i> ) | NF        |            |
| <i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>                                                           | G         |            |
| SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML ( <i>buprenorphine</i> )           | NPB       |            |
| <b>SALICYLATES</b>                                                                                              |           |            |
| <i>aspirin adult low dose oral tablet delayed release 81 mg</i>                                                 | CE        |            |
| <i>aspirin adult low strength oral tablet delayed release 81 mg</i>                                             | CE        |            |
| <i>aspirin childrens oral tablet chewable 81 mg</i>                                                             | CE        |            |
| <i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>                                              | CE        |            |

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|--------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>aspirin ec low strength oral tablet delayed release 81 mg</i>               | CE        |                                            |
| <i>aspirin low dose oral tablet chewable 81 mg</i>                             | CE        |                                            |
| <i>aspirin low dose oral tablet delayed release 81 mg</i>                      | CE        |                                            |
| <i>aspirin oral tablet chewable 81 mg</i>                                      | CE        |                                            |
| <i>aspirin oral tablet delayed release 81 mg</i>                               | CE        |                                            |
| <i>aspirin regimen oral tablet delayed release 81 mg</i>                       | CE        |                                            |
| BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> ) | CE        |                                            |
| BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG ( <i>aspirin</i> )                   | CE        |                                            |
| BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )            | CE        |                                            |
| <i>childrens aspirin oral tablet chewable 81 mg</i>                            | CE        |                                            |
| <i>cvs aspirin low dose oral tablet delayed release 81 mg</i>                  | CE        |                                            |
| <i>cvs aspirin low strength oral tablet delayed release 81 mg</i>              | CE        |                                            |
| <i>diflunisal oral tablet 500 mg</i>                                           | G         | N8 (Listing does not include certain NDCs) |
| ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )      | CE        |                                            |
| <i>eq aspirin low dose oral tablet chewable 81 mg</i>                          | CE        |                                            |
| <i>eql aspirin low dose oral tablet chewable 81 mg</i>                         | CE        |                                            |
| <i>ft aspirin low dose oral tablet delayed release 81 mg</i>                   | CE        |                                            |
| <i>ft aspirin oral tablet chewable 81 mg</i>                                   | CE        |                                            |
| <i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>               | CE        |                                            |
| <i>gnp aspirin oral tablet delayed release 81 mg</i>                           | CE        |                                            |
| <i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>            | CE        |                                            |
| <i>h-e-b aspirin oral tablet delayed release 81 mg</i>                         | CE        |                                            |
| <i>kls aspirin low dose oral tablet delayed release 81 mg</i>                  | CE        |                                            |
| <i>kp aspirin oral tablet delayed release 81 mg</i>                            | CE        |                                            |
| <i>mm aspirin oral tablet delayed release 81 mg</i>                            | CE        |                                            |
| <i>qc aspirin low dose oral tablet chewable 81 mg</i>                          | CE        |                                            |
| <i>qc childrens aspirin oral tablet chewable 81 mg</i>                         | CE        |                                            |
| <i>sb childrens aspirin oral tablet chewable 81 mg</i>                         | CE        |                                            |
| ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG ( <i>aspirin</i> )               | CE        |                                            |
| ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )        | CE        |                                            |

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|-------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>VISCOSUPPLEMENTS</b>                                                                                     |           |            |
| DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML ( <i>sodium hyaluronate (viscosup)</i> )               | PSP       |            |
| EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )      | PSP       |            |
| GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML ( <i>cross-link hyal acid (visc)</i> )                  | NF        |            |
| GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )    | PSP       |            |
| GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> ) | NF        |            |
| HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )                         | NF        |            |
| HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )       | NF        |            |
| HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML ( <i>hyaluronan</i> )                          | NF        |            |
| MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML ( <i>hyaluronan</i> )                         | NF        |            |
| ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML ( <i>hyaluronan</i> )                        | PSP       |            |
| SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )  | NF        |            |
| SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )     | NF        |            |
| SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML ( <i>hylan g-f 20</i> )                        | NF        |            |
| SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML ( <i>hylan g-f 20</i> )                    | NF        |            |
| TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )      | NF        |            |
| TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )     | NF        |            |
| VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )     | NF        |            |
| <b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>                                                          |           |            |
| <b>ANTHELMINTICS - DRUGS FOR WORM INFECTION</b>                                                             |           |            |
| <i>albendazole oral tablet 200 mg</i>                                                                       | G         |            |
| <i>benznidazole oral tablet 100 mg, 12.5 mg</i>                                                             | NPB       |            |

| Prescription Drug Name                                                     | Drug Tier | Drug Notes                                 |
|----------------------------------------------------------------------------|-----------|--------------------------------------------|
| EMVERM ORAL TABLET CHEWABLE 100 MG<br>(mebendazole)                        | PB        |                                            |
| ivermectin oral tablet 3 mg                                                | G         |                                            |
| praziquantel oral tablet 600 mg                                            | G         |                                            |
| <b>ANTI-BACTERIALS - MISCELLANEOUS</b>                                     |           |                                            |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML<br>(amikacin sulfate liposome) | NPSP      |                                            |
| HUMATIN ORAL CAPSULE 250 MG (paromomycin sulfate)                          | NF        |                                            |
| neomycin sulfate oral tablet 500 mg                                        | G         | N8 (Listing does not include certain NDCs) |
| sulfadiazine oral tablet 500 mg                                            | NPB       |                                            |
| tinidazole oral tablet 250 mg, 500 mg                                      | G         |                                            |
| <b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>                      |           |                                            |
| CRESEMBA ORAL CAPSULE 186 MG (isavuconazonium sulfate)                     | NF        |                                            |
| fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml               | G         |                                            |
| fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg                      | G         |                                            |
| flucytosine oral capsule 250 mg                                            | G         |                                            |
| flucytosine oral capsule 500 mg                                            | NF        |                                            |
| griseofulvin microsize oral suspension 125 mg/5ml                          | G         |                                            |
| griseofulvin microsize oral tablet 500 mg                                  | G         |                                            |
| griseofulvin ultramicrosize oral tablet 125 mg, 250 mg                     | G         |                                            |
| itraconazole oral capsule 100 mg                                           | G         |                                            |
| itraconazole oral solution 10 mg/ml                                        | G         |                                            |
| ketoconazole oral tablet 200 mg                                            | G         |                                            |
| NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML<br>(posaconazole)               | NF        |                                            |
| NOXAFIL ORAL PACKET 300 MG (posaconazole)                                  | NF        |                                            |
| NOXAFIL ORAL SUSPENSION 40 MG/ML (posaconazole)                            | NF        |                                            |
| nystatin oral tablet 500000 unit                                           | G         | N8 (Listing does not include certain NDCs) |
| posaconazole oral suspension 40 mg/ml                                      | G         |                                            |
| posaconazole oral tablet delayed release 100 mg                            | NF        |                                            |
| terbinafine hcl oral tablet 250 mg                                         | G         |                                            |
| tolsura oral capsule 65 mg                                                 | NF        |                                            |

| Prescription Drug Name                                                    | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------|-----------|------------|
| VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML<br>(voriconazole)            | NPB       |            |
| VIVJOA ORAL CAPSULE THERAPY PACK 150 MG<br>(oteseconazole)                | NPSP      |            |
| voriconazole oral suspension reconstituted 40 mg/ml                       | G         |            |
| voriconazole oral tablet 200 mg, 50 mg                                    | G         |            |
| <b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>                             |           |            |
| ARAKODA ORAL TABLET 100 MG (tafenoquine succinate)                        | NF        |            |
| atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg               | G         |            |
| chloroquine phosphate oral tablet 250 mg, 500 mg                          | G         |            |
| COARTEM ORAL TABLET 20-120 MG (artemether-lumefantrine)                   | NPB       |            |
| hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg             | NF        |            |
| KRINTAFEL ORAL TABLET 150 MG (tafenoquine succinate)                      | NF        |            |
| MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG<br>(atovaquone-proguanil hcl) | NPB       |            |
| mefloquine hcl oral tablet 250 mg                                         | G         |            |
| primaquine phosphate oral tablet 26.3 (15 base) mg                        | NPB       |            |
| quinine sulfate oral capsule 324 mg                                       | G         |            |
| SOVUNA ORAL TABLET 300 MG (hydroxychloroquine sulfate)                    | NF        |            |
| <b>ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>       |           |            |
| abacavir sulfate oral solution 20 mg/ml                                   | G         |            |
| abacavir sulfate oral tablet 300 mg                                       | G         |            |
| APTIVUS ORAL CAPSULE 250 MG (tipranavir)                                  | NF        |            |
| atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg                    | G         |            |
| EDURANT ORAL TABLET 25 MG (rilpivirine hcl)                               | NF        |            |
| efavirenz oral tablet 600 mg                                              | G         |            |
| EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)                               | NPSP      |            |
| EMTRIVA ORAL SOLUTION 10 MG/ML (emtricitabine)                            | NPSP      |            |
| fosamprenavir calcium oral tablet 700 mg                                  | G         |            |
| INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG<br>(etravirine)               | NF        |            |
| ISENTRESS HD ORAL TABLET 600 MG (raltegravir potassium)                   | PSP       |            |
| ISENTRESS ORAL PACKET 100 MG (raltegravir potassium)                      | PSP       |            |

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|-----------------------------------------------------------------------------------------|-----------|------------|
| ISENTRESS ORAL TABLET 400 MG ( <i>raltegravir potassium</i> )                           | PSP       |            |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG ( <i>raltegravir potassium</i> )           | PSP       |            |
| <i>lamivudine oral solution 10 mg/ml</i>                                                | G         |            |
| <i>lamivudine oral tablet 150 mg, 300 mg</i>                                            | G         |            |
| <i>nevirapine er oral tablet extended release 24 hour 400 mg</i>                        | G         |            |
| <i>nevirapine oral suspension 50 mg/5ml</i>                                             | G         |            |
| <i>nevirapine oral tablet 200 mg</i>                                                    | G         |            |
| NORVIR ORAL PACKET 100 MG ( <i>ritonavir</i> )                                          | NF        |            |
| NORVIR ORAL TABLET 100 MG ( <i>ritonavir</i> )                                          | NF        |            |
| PIFELTRO ORAL TABLET 100 MG ( <i>doravirine</i> )                                       | NF        |            |
| PREZISTA ORAL SUSPENSION 100 MG/ML ( <i>darunavir</i> )                                 | NF        |            |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG ( <i>darunavir</i> )                 | NF        |            |
| RETROVIR ORAL CAPSULE 100 MG ( <i>zidovudine</i> )                                      | NPSP      |            |
| RETROVIR ORAL SYRUP 50 MG/5ML ( <i>zidovudine</i> )                                     | NPSP      |            |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG ( <i>atazanavir sulfate</i> )                       | NF        |            |
| REYATAZ ORAL PACKET 50 MG ( <i>atazanavir sulfate</i> )                                 | NF        |            |
| <i>ritonavir oral tablet 100 mg</i>                                                     | G         |            |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG ( <i>fostemsavir tromethamine</i> ) | NPSP      |            |
| SELZENTRY ORAL SOLUTION 20 MG/ML ( <i>maraviroc</i> )                                   | NF        |            |
| SELZENTRY ORAL TABLET 150 MG, 300 MG ( <i>maraviroc</i> )                               | NF        |            |
| SUNLENCA ORAL TABLET 300 MG ( <i>lenacapavir sodium</i> )                               | NF        |            |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG ( <i>lenacapavir sodium</i> )  | NF        |            |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i>                                 | G         |            |
| TIVICAY ORAL TABLET 50 MG ( <i>dolutegravir sodium</i> )                                | PSP       |            |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG ( <i>dolutegravir sodium</i> )                      | PSP       |            |
| TYBOST ORAL TABLET 150 MG ( <i>cobicistat</i> )                                         | NPSP      |            |
| VIRACEPT ORAL TABLET 250 MG, 625 MG ( <i>nelfinavir mesylate</i> )                      | NF        |            |
| VIREAD ORAL POWDER 40 MG/GM ( <i>tenofovir disoproxil fumarate</i> )                    | NPSP      |            |

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|------------------------------------------------------------------------------------------------|-----------|------------|
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG<br>( <i>tenofovir disoproxil fumarate</i> )  | NPSP      |            |
| YEZTUGO ORAL TABLET 300 MG ( <i>lenacapavir sodium</i> )                                       | PSP       |            |
| zidovudine oral capsule 100 mg                                                                 | G         |            |
| zidovudine oral syrup 50 mg/5ml                                                                | G         |            |
| zidovudine oral tablet 300 mg                                                                  | G         |            |
| <b>ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>                |           |            |
| abacavir sulfate-lamivudine oral tablet 600-300 mg                                             | G         |            |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG<br>( <i>bictegravir-emtricitab-tenofovir</i> ) | PSP       |            |
| CIMDUO ORAL TABLET 300-300 MG ( <i>lamivudine-tenofovir</i> )                                  | PSP       |            |
| COMPLERA ORAL TABLET 200-25-300 MG ( <i>emtricitab-rilpivir-tenofovir</i> )                    | NF        |            |
| DELSTRIGO ORAL TABLET 100-300-300 MG ( <i>doravirin-lamivudin-tenofovir df</i> )               | NF        |            |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG<br>( <i>emtricitabine-tenofovir af</i> )              | PSP       |            |
| DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir-lamivudine</i> )                                | PSP       |            |
| emtricitabine-tenofovir df oral tablet 200-300 mg                                              | CE        |            |
| EVOTAZ ORAL TABLET 300-150 MG ( <i>atazanavir-cobicistat</i> )                                 | NPSP      |            |
| GENVOYA ORAL TABLET 150-150-200-10 MG ( <i>elviteg-cobic-emtricit-tenofaf</i> )                | PSP       |            |
| JULUCA ORAL TABLET 50-25 MG ( <i>dolutegravir-rilpivirine</i> )                                | NPSP      |            |
| KALETRA ORAL SOLUTION 400-100 MG/5ML ( <i>lopinavir-ritonavir</i> )                            | NPSP      |            |
| KALETRA ORAL TABLET 100-25 MG, 200-50 MG ( <i>lopinavir-ritonavir</i> )                        | NF        |            |
| lamivudine-zidovudine oral tablet 150-300 mg                                                   | G         |            |
| ODEFSEY ORAL TABLET 200-25-25 MG ( <i>emtricitab-rilpivir-tenofovir af</i> )                   | PSP       |            |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG<br>( <i>darunavir-cobicistat</i> )                | NPSP      |            |
| STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elviteg-cobic-emtricit-tenofdf</i> )              | NPSP      |            |
| SYMFI ORAL TABLET 600-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )                     | NPSP      |            |

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|----------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darun-cobic-emtricit-tenofaf</i> )                                  | PSP       |                                            |
| TRIUMEQ ORAL TABLET 600-50-300 MG ( <i>abacavir-dolutegravir-lamivud</i> )                                     | PSP       |                                            |
| <i>trimeq pd oral tablet soluble 60-5-30 mg</i>                                                                | PSP       |                                            |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG ( <i>emtricitabine-tenofovir df</i> )       | NF        |                                            |
| <b>ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS</b>                                                     |           |                                            |
| <i>cycloserine oral capsule 250 mg</i>                                                                         | G         |                                            |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i>                                                               | G         |                                            |
| <i>isoniazid oral syrup 50 mg/5ml</i>                                                                          | G         |                                            |
| <i>isoniazid oral tablet 100 mg</i>                                                                            | G         |                                            |
| <i>isoniazid oral tablet 300 mg</i>                                                                            | G         | N8 (Listing does not include certain NDCs) |
| <i>pretomanid oral tablet 200 mg</i>                                                                           | NPB       |                                            |
| PRIFTIN ORAL TABLET 150 MG ( <i>rifapentine</i> )                                                              | NPB       |                                            |
| <i>pyrazinamide oral tablet 500 mg</i>                                                                         | G         |                                            |
| <i>rifabutin oral capsule 150 mg</i>                                                                           | G         |                                            |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                                                                    | G         | N8 (Listing does not include certain NDCs) |
| RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML ( <i>rifampin</i> )                                              | NF        |                                            |
| SIRTURO ORAL TABLET 20 MG ( <i>bedaquiline fumarate</i> )                                                      | NPB       |                                            |
| <b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>                                                            |           |                                            |
| <i>acyclovir oral capsule 200 mg</i>                                                                           | G         |                                            |
| <i>acyclovir oral suspension 200 mg/5ml</i>                                                                    | G         |                                            |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                                                                    | G         |                                            |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                                                          | G         |                                            |
| LIVTENCITY ORAL TABLET 200 MG ( <i>maribavir</i> )                                                             | NPSP      |                                            |
| <i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>                                                  | G         |                                            |
| <i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>                                             | G         |                                            |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ( <i>nirmatrelvir-ritonavir</i> )         | PB        |                                            |
| PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG ( <i>nirmatrelvir-ritonavir</i> ) | PB        |                                            |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ( <i>nirmatrelvir-ritonavir</i> )         | PB        |                                            |

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|--------------------------------------------------------------------------------------------|-----------|------------|
| PREVYMIS ORAL PACKET 120 MG, 20 MG ( <i>letermovir</i> )                                   | NPB       |            |
| PREVYMIS ORAL TABLET 240 MG, 480 MG ( <i>letermovir</i> )                                  | NPB       |            |
| RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML ( <i>peramivir</i> )                              | NPB       |            |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT ( <i>zanamivir</i> ) | PB        |            |
| <i>rimantadine hcl oral tablet 100 mg</i>                                                  | G         |            |
| TEMBEXA ORAL SUSPENSION 10 MG/ML ( <i>brincidofovir</i> )                                  | NPB       |            |
| TEMBEXA ORAL TABLET 100 MG ( <i>brincidofovir</i> )                                        | NPB       |            |
| TPOXX ORAL CAPSULE 200 MG ( <i>tecovirimat</i> )                                           | NPB       |            |
| <i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>                                           | G         |            |
| VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML ( <i>valganciclovir hcl</i> )                 | NF        |            |
| VALCYTE ORAL TABLET 450 MG ( <i>valganciclovir hcl</i> )                                   | NF        |            |
| <i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>                             | G         |            |
| <i>valganciclovir hcl oral tablet 450 mg</i>                                               | G         |            |
| VALTREX ORAL TABLET 1 GM, 500 MG ( <i>valacyclovir hcl</i> )                               | NF        |            |
| XERESE EXTERNAL CREAM 5-1 % ( <i>acyclovir-hydrocortisone</i> )                            | NF        |            |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG ( <i>baloxavir marboxil</i> )      | NF        |            |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG ( <i>baloxavir marboxil</i> )      | NF        |            |
| <b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</b>                                          |           |            |
| <i>cefaclor er oral tablet extended release 12 hour 500 mg</i>                             | NPB       |            |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>                                                | G         |            |
| <i>cefadroxil oral capsule 500 mg</i>                                                      | G         |            |
| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>                     | G         |            |
| <i>cefadroxil oral tablet 1 gm</i>                                                         | G         |            |
| <i>cefdinir oral capsule 300 mg</i>                                                        | G         |            |
| <i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                       | G         |            |
| <i>cefixime oral capsule 400 mg</i>                                                        | G         |            |
| <i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>                       | G         |            |
| <i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>            | G         |            |
| <i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>                                     | G         |            |
| <i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                      | G         |            |

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|-------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                                     | G         |                                            |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                                             | G         |                                            |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>                                                   | G         | N8 (Listing does not include certain NDCs) |
| <i>cephalexin oral capsule 750 mg</i>                                                           | G         |                                            |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                          | G         |                                            |
| <i>cephalexin oral tablet 250 mg, 500 mg</i>                                                    | G         |                                            |
| <b>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</b>                                     |           |                                            |
| <i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>                        | G         | N8 (Listing does not include certain NDCs) |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>                                          | G         |                                            |
| <i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>                            | G         |                                            |
| <i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                      | G         |                                            |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>                                                | G         |                                            |
| DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML ( <i>fidaxomicin</i> )                           | PB        |                                            |
| DIFICID ORAL TABLET 200 MG ( <i>fidaxomicin</i> )                                               | PB        |                                            |
| E.E.S. 400 ORAL TABLET 400 MG ( <i>erythromycin ethylsuccinate</i> )                            | G         |                                            |
| E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ( <i>erythromycin ethylsuccinate</i> ) | NF        |                                            |
| ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML ( <i>erythromycin ethylsuccinate</i> )      | NF        |                                            |
| <i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)           | G         |                                            |
| <i>erythromycin base oral capsule delayed release particles 250 mg</i>                          | G         |                                            |
| <i>erythromycin base oral tablet 250 mg, 500 mg</i>                                             | G         |                                            |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>         | G         |                                            |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i>                                           | G         |                                            |
| <i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>                          | G         |                                            |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ( <i>azithromycin</i> )                      | NPB       |                                            |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG ( <i>azithromycin</i> )                                    | NPB       |                                            |
| ZITHROMAX TRI-PAK ORAL TABLET 500 MG ( <i>azithromycin</i> )                                    | NPB       |                                            |

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|------------------------------------------------------------------------------------------------|-----------|------------|
| ZITHROMAX Z-PAK ORAL TABLET 250 MG ( <i>azithromycin</i> )                                     | NPB       |            |
| <b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</b>                                            |           |            |
| BAXDELA ORAL TABLET 450 MG ( <i>delafloxacin meglumine</i> )                                   | NPB       |            |
| CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ( <i>ciprofloxacin</i> )                   | NPB       |            |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>                                    | G         |            |
| <i>levofloxacin oral solution 25 mg/ml</i>                                                     | G         |            |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>                                         | G         |            |
| <i>moxifloxacin hcl oral tablet 400 mg</i>                                                     | G         |            |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>                                                    | G         |            |
| <b>HEPATITIS B</b>                                                                             |           |            |
| <i>adefovir dipivoxil oral tablet 10 mg</i>                                                    | G         |            |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML ( <i>entecavir</i> )                                        | NPSP      |            |
| BARACLUDE ORAL TABLET 0.5 MG, 1 MG ( <i>entecavir</i> )                                        | NF        |            |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i>                                                      | G         |            |
| <i>lamivudine oral tablet 100 mg</i>                                                           | G         |            |
| VEMLIDY ORAL TABLET 25 MG ( <i>tenofovir alafenamide fumarate</i> )                            | NF        |            |
| <b>HEPATITIS C</b>                                                                             |           |            |
| EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )                   | PSP       |            |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG ( <i>sofosbuvir-velpatasvir</i> )                    | PSP       |            |
| HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )                   | PSP       |            |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG ( <i>ledipasvir-sofosbuvir</i> )                      | PSP       |            |
| <i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>                                             | NF        |            |
| MAVYRET ORAL PACKET 50-20 MG ( <i>glecaprevir-pibrentasvir</i> )                               | NF        |            |
| MAVYRET ORAL TABLET 100-40 MG ( <i>glecaprevir-pibrentasvir</i> )                              | NF        |            |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML ( <i>peginterferon alfa-2a</i> )                      | NPSP      |            |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML ( <i>peginterferon alfa-2a</i> ) | NPSP      |            |
| <i>ribavirin oral capsule 200 mg</i>                                                           | G         |            |

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|----------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>ribavirin oral tablet 200 mg</i>                                                          | G         |                                            |
| <i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>                                         | NF        |                                            |
| SOVALDI ORAL PACKET 150 MG, 200 MG ( <i>sofosbuvir</i> )                                     | NPSP      |                                            |
| SOVALDI ORAL TABLET 200 MG, 400 MG ( <i>sofosbuvir</i> )                                     | NPSP      |                                            |
| VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuv-velpatasv-voxilaprev</i> )                   | PSP       |                                            |
| ZEPATIER ORAL TABLET 50-100 MG ( <i>elbasvir-grazoprevir</i> )                               | NF        |                                            |
| <b>MISCELLANEOUS</b>                                                                         |           |                                            |
| <i>atovaquone oral suspension 750 mg/5ml</i>                                                 | G         |                                            |
| BACTRIM DS ORAL TABLET 800-160 MG ( <i>sulfamethoxazole-trimethoprim</i> )                   | NPB       |                                            |
| BACTRIM ORAL TABLET 400-80 MG ( <i>sulfamethoxazole-trimethoprim</i> )                       | NPB       |                                            |
| BLUJEPAL ORAL TABLET 750 MG ( <i>gepotidacin mesylate</i> )                                  | NPB       |                                            |
| CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG ( <i>clindamycin hcl</i> )                        | NPB       |                                            |
| CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML ( <i>clindamycin palmitate hcl</i> )           | NPB       |                                            |
| <i>clindamycin hcl oral capsule 150 mg, 75 mg</i>                                            | G         | N8 (Listing does not include certain NDCs) |
| <i>clindamycin hcl oral capsule 300 mg</i>                                                   | G         |                                            |
| <i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>                       | G         |                                            |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                                                     | G         |                                            |
| DARAPRIM ORAL TABLET 25 MG ( <i>pyrimethamine</i> )                                          | NF        |                                            |
| FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML ( <i>metronidazole benzoate</i> ) | NF        |                                            |
| FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML ( <i>vancomycin hcl</i> )             | NF        |                                            |
| LAMPIT ORAL TABLET 120 MG, 30 MG ( <i>nifurtimox</i> )                                       | NPB       |                                            |
| LIKMEZ ORAL SUSPENSION 500 MG/5ML ( <i>metronidazole</i> )                                   | NF        |                                            |
| <i>linezolid oral suspension reconstituted 100 mg/5ml</i>                                    | G         |                                            |
| <i>linezolid oral tablet 600 mg</i>                                                          | G         | N8 (Listing does not include certain NDCs) |
| MACROBID ORAL CAPSULE 100 MG ( <i>nitrofurantoin monohyd macro</i> )                         | NPB       |                                            |
| MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG ( <i>nitrofurantoin macrocrystal</i> )         | NF        |                                            |
| <i>mb caps oral capsule 120 mg</i>                                                           | NF        |                                            |

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|------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>methenamine hippurate oral tablet 1 gm</i>                                            | G         |                                            |
| <i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>                                    | G         |                                            |
| <i>metronidazole oral capsule 375 mg</i>                                                 | G         |                                            |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>                                          | G         | N8 (Listing does not include certain NDCs) |
| NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG ( <i>pentamidine isethionate</i> )     | NPB       |                                            |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>                     | G         |                                            |
| <i>nitrofurantoin monohydrate macro oral capsule 100 mg</i>                              | G         |                                            |
| <i>nitrofurantoin oral suspension 25 mg/5ml</i>                                          | G         | N8 (Listing does not include certain NDCs) |
| <i>nitrofurantoin oral suspension 50 mg/5ml</i>                                          | NF        |                                            |
| ORLYNVAH ORAL TABLET 500-500 MG ( <i>sulopenem etzadrox-probenecid</i> )                 | NPB       |                                            |
| <i>pyrimethamine oral tablet 25 mg</i>                                                   | G         |                                            |
| SIVEXTRO ORAL TABLET 200 MG ( <i>tedizolid phosphate</i> )                               | NPB       |                                            |
| SOLOSEC ORAL PACKET 2 GM ( <i>secnidazole</i> )                                          | NF        |                                            |
| <i>sulfamethoxazole-trimethoprim oral suspension 800-160 mg/20ml</i>                     | G         |                                            |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>                   | G         | N8 (Listing does not include certain NDCs) |
| <i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5ML)</i> | G         |                                            |
| <i>trimethoprim oral tablet 100 mg</i>                                                   | G         |                                            |
| URIMAR-T ORAL CAPSULE 120 MG ( <i>meth-hydro-methyl-naphthalene phosphate</i> )          | NF        |                                            |
| VANCOCIN ORAL CAPSULE 125 MG, 250 MG ( <i>vancomycin hcl</i> )                           | NPB       |                                            |
| <i>vancomycin hcl intravenous solution 500 mg/100ml</i>                                  | NPB       |                                            |
| <i>vancomycin hcl intravenous solution reconstituted 100 gm</i>                          | NPB       |                                            |
| <i>vancomycin hcl oral capsule 125 mg, 250 mg</i>                                        | G         |                                            |
| <i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>                             | NF        |                                            |
| VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML ( <i>vancomycin hcl</i> )                | NF        |                                            |
| XIFAXAN ORAL TABLET 200 MG ( <i>rifaximin</i> )                                          | NPB       |                                            |
| XIFAXAN ORAL TABLET 550 MG ( <i>rifaximin</i> )                                          | PB        |                                            |
| <b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>                                           |           |                                            |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>                                           | G         | N8 (Listing does not include certain NDCs) |

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|-----------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                                                           | G         | N8 (Listing does not include certain NDCs) |
| <i>amoxicillin oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>                                                           | G         |                                            |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>                                                                                     | G         |                                            |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>                                                                            | G         |                                            |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>                                           | G         |                                            |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | G         |                                            |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg</i>                                                             | G         |                                            |
| <i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>                                                                         | G         | N8 (Listing does not include certain NDCs) |
| <i>ampicillin oral capsule 500 mg</i>                                                                                             | G         |                                            |
| <i>ampicillin sodium intravenous solution reconstituted 10 gm</i>                                                                 | G         | N8 (Listing does not include certain NDCs) |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>                                                                           | G         |                                            |
| <i>naftillin sodium intravenous solution reconstituted 10 gm</i>                                                                  | G         |                                            |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>                                                  | G         |                                            |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>                                                                          | G         |                                            |
| <i>penicillin g potassium (Pfizerpen Injection Solution Reconstituted 20000000 Unit, 5000000 Unit)</i>                            | NF        |                                            |
| <b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>                                                                                  |           |                                            |
| <i>avidoxy oral tablet 100 mg</i>                                                                                                 | G         |                                            |
| <i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>                                                                              | G         |                                            |
| <b>DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (doxycycline hyclate)</b>                                                          | NF        |                                            |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>                                                                             | G         |                                            |
| <i>doxycycline hyclate oral tablet 100 mg</i>                                                                                     | G         |                                            |
| <i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>                                                                       | NF        |                                            |
| <i>doxycycline hyclate oral tablet 20 mg</i>                                                                                      | G         | N8 (Listing does not include certain NDCs) |
| <i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>                                | NF        |                                            |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>                                                                         | G         |                                            |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>                                                                         | NF        |                                            |

| Prescription Drug Name                                                                                                   | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>                                                   | G         | N8 (Listing does not include certain NDCs) |
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 75 mg</i>                                                         | G         |                                            |
| <i>doxycycline monohydrate oral tablet 50 mg</i>                                                                         | G         | N8 (Listing does not include certain NDCs) |
| <i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i> | NF        |                                            |
| <i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>                                                                 | G         |                                            |
| <i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>                                                                  | G         |                                            |
| <i>doxycycline monohydrate (Mondoxine NI Oral Capsule 100 Mg)</i>                                                        | G         |                                            |
| NUZYRA ORAL TABLET 150 MG ( <i>omadacycline tosylate</i> )                                                               | NPB       |                                            |
| SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG ( <i>sarecycline hcl</i> )                                                     | NF        |                                            |
| <i>doxycycline hyclate</i> (Targadox Oral Tablet 50 Mg)                                                                  | NF        |                                            |
| <i>tetracycline hcl oral capsule 250 mg, 500 mg</i>                                                                      | G         |                                            |
| <b>ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER</b>                                                                     |           |                                            |
| <b>ALKYLATING AGENTS</b>                                                                                                 |           |                                            |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                                                                        | G         |                                            |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG ( <i>lomustine</i> )                                                         | NPSP      |                                            |
| LEUKERAN ORAL TABLET 2 MG ( <i>chlorambucil</i> )                                                                        | NPB       |                                            |
| MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )                                                                  | NPSP      |                                            |
| MYLERAN ORAL TABLET 2 MG ( <i>busulfan</i> )                                                                             | NPB       |                                            |
| TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>temozolomide</i> )                                                | NPSP      |                                            |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>                                             | G         |                                            |
| <b>ANTIMETABOLITES</b>                                                                                                   |           |                                            |
| ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG ( <i>pemetrexed disodium</i> )                                  | NF        |                                            |
| <i>capecitabine oral tablet 150 mg, 500 mg</i>                                                                           | G         |                                            |
| INQOVI ORAL TABLET 35-100 MG ( <i>decitabine-cedazuridine</i> )                                                          | NPSP      |                                            |
| JYLAMVO ORAL SOLUTION 2 MG/ML ( <i>methotrexate</i> )                                                                    | NPB       |                                            |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG ( <i>trifluridine-tipiracil</i> )                                             | PSP       |                                            |
| <i>mercaptopurine oral tablet 50 mg</i>                                                                                  | G         |                                            |

| Prescription Drug Name                                                                             | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------|-----------|------------|
| <i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>               | G         |            |
| <i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>                               | G         |            |
| <i>methotrexate sodium injection solution reconstituted 1 gm</i>                                   | G         |            |
| ONUREG ORAL TABLET 200 MG, 300 MG ( <i>azacitidine</i> )                                           | NPSP      |            |
| PURIXAN ORAL SUSPENSION 2000 MG/100ML ( <i>mercaptopurine</i> )                                    | NPSP      |            |
| TABLOID ORAL TABLET 40 MG ( <i>thioguanine</i> )                                                   | NPB       |            |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG ( <i>methotrexate sodium</i> )                      | NPB       |            |
| <b>ANTINEOPLASTIC, BCL-2 INHIBITORS</b>                                                            |           |            |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG ( <i>venetoclax</i> )                                   | NPSP      |            |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG ( <i>venetoclax</i> )            | NPSP      |            |
| <b>BIOLOGIC RESPONSE MODIFIERS</b>                                                                 |           |            |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML ( <i>ropeginterferon alfa-2b-njft</i> ) | PSP       |            |
| DAURISMO ORAL TABLET 100 MG, 25 MG ( <i>glasdegib maleate</i> )                                    | NF        |            |
| ERIVEDGE ORAL CAPSULE 150 MG ( <i>vismodegib</i> )                                                 | PSP       |            |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG ( <i>pomalidomide</i> )                               | NPSP      |            |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG ( <i>lenalidomide</i> )             | NF        |            |
| THALOMID ORAL CAPSULE 100 MG, 50 MG ( <i>thalidomide</i> )                                         | PSP       |            |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>                                                              |           |            |
| <i>abiraterone acetate micronized oral tablet 125 mg</i>                                           | PSP       |            |
| <i>abiraterone acetate oral tablet 250 mg</i>                                                      | G         |            |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG ( <i>niraparib-abiraterone acetate</i> )                  | NF        |            |
| <i>anastrozole oral tablet 1 mg</i>                                                                | CE        |            |
| ARIMIDEX ORAL TABLET 1 MG ( <i>anastrozole</i> )                                                   | NPB       |            |
| AROMASIN ORAL TABLET 25 MG ( <i>exemestane</i> )                                                   | NPB       |            |
| <i>bicalutamide oral tablet 50 mg</i>                                                              | G         |            |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )                           | PSP       |            |

| Prescription Drug Name                                                                                            | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ELIGARD SUBCUTANEOUS KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )                                            | PSP       |            |
| ELIGARD SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )                                            | PSP       |            |
| ELIGARD SUBCUTANEOUS KIT 7.5 MG ( <i>leuprolide acetate</i> )                                                     | PSP       |            |
| ERLEADA ORAL TABLET 240 MG, 60 MG ( <i>apalutamide</i> )                                                          | PSP       |            |
| EULEXIN ORAL CAPSULE 125 MG ( <i>flutamide</i> )                                                                  | NF        |            |
| <i>exemestane oral tablet 25 mg</i>                                                                               | CE        |            |
| FEMARA ORAL TABLET 2.5 MG ( <i>letrozole</i> )                                                                    | NPB       |            |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL ( <i>degarelix acetate</i> )               | NF        |            |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG ( <i>degarelix acetate</i> )                                   | NF        |            |
| <i>letrozole oral tablet 2.5 mg</i>                                                                               | G         |            |
| <i>leuprolide acetate injection kit 1 mg/0.2ml</i>                                                                | G         |            |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG ( <i>leuprolide acetate</i> )                            | NF        |            |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG ( <i>leuprolide acetate (3 month)</i> )                | NF        |            |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )                            | NF        |            |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )                            | NF        |            |
| LYSODREN ORAL TABLET 500 MG ( <i>mitotane</i> )                                                                   | NPSP      |            |
| <i>megestrol acetate oral tablet 20 mg, 40 mg</i>                                                                 | G         |            |
| <i>nilutamide oral tablet 150 mg</i>                                                                              | G         |            |
| NUBEQA ORAL TABLET 300 MG ( <i>darolutamide</i> )                                                                 | PSP       |            |
| ORGOVYX ORAL TABLET 120 MG ( <i>relugolix</i> )                                                                   | NPSP      |            |
| ORSERDU ORAL TABLET 345 MG, 86 MG ( <i>elacestrant hydrochloride</i> )                                            | NF        |            |
| SOLTAMOX ORAL SOLUTION 10 MG/5ML ( <i>tamoxifen citrate</i> )                                                     | NPB       |            |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>                                                                 | CE        |            |
| <i>toremifene citrate oral tablet 60 mg</i>                                                                       | G         |            |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG ( <i>triptorelin pamoate</i> ) | NF        |            |
| XTANDI ORAL CAPSULE 40 MG ( <i>enzalutamide</i> )                                                                 | PSP       |            |

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|------------------------------------------------------------------------------------------|-----------|------------|
| XTANDI ORAL TABLET 40 MG, 80 MG ( <i>enzalutamide</i> )                                  | PSP       |            |
| YONSA ORAL TABLET 125 MG ( <i>abiraterone acetate micronized</i> )                       | PSP       |            |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG ( <i>goserelin acetate</i> )                | NF        |            |
| ZYTIGA ORAL TABLET 250 MG, 500 MG ( <i>abiraterone acetate</i> )                         | NF        |            |
| <b>KINASE INHIBITORS</b>                                                                 |           |            |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG ( <i>everolimus</i> )              | NF        |            |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG ( <i>everolimus</i> )                   | NF        |            |
| ALECENSA ORAL CAPSULE 150 MG ( <i>alectinib hcl</i> )                                    | PSP       |            |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG ( <i>brigatinib</i> )                          | PSP       |            |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG ( <i>brigatinib</i> )                      | PSP       |            |
| AUGTYRO ORAL CAPSULE 160 MG, 40 MG ( <i>repotrectinib</i> )                              | PSP       |            |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG ( <i>avapritinib</i> )          | NF        |            |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG ( <i>erdafitinib</i> )                             | NPSP      |            |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG ( <i>bosutinib</i> )                                  | PSP       |            |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG ( <i>bosutinib</i> )                          | PSP       |            |
| BRAFTOVI ORAL CAPSULE 75 MG ( <i>encorafenib</i> )                                       | PSP       |            |
| BRUKINSA ORAL CAPSULE 80 MG ( <i>zanubrutinib</i> )                                      | PSP       |            |
| BRUKINSA ORAL TABLET 160 MG ( <i>zanubrutinib</i> )                                      | PB        |            |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG ( <i>cabozantinib s-malate</i> )               | PSP       |            |
| CALQUENCE ORAL TABLET 100 MG ( <i>acalabrutinib maleate</i> )                            | PSP       |            |
| CAPRELSA ORAL TABLET 100 MG, 300 MG ( <i>vandetanib</i> )                                | NPSP      |            |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG ( <i>cabozantinib s-malate</i> )        | NPSP      |            |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG ( <i>cabozantinib s-malate</i> ) | NPSP      |            |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG ( <i>cabozantinib s-malate</i> )              | NPSP      |            |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG ( <i>duvelisib</i> )                                  | NF        |            |

| Prescription Drug Name                                                                | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------|-----------|------------|
| COTELLIC ORAL TABLET 20 MG ( <i>cobimetinib fumarate</i> )                            | NF        |            |
| DANZITEN ORAL TABLET 71 MG, 95 MG ( <i>nilotinib tartrate</i> )                       | NF        |            |
| <i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>                                | G         |            |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG ( <i>tivozanib hcl</i> )                        | NF        |            |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG ( <i>fruquintinib</i> )                              | NPSP      |            |
| GAVRETO ORAL CAPSULE 100 MG ( <i>pralsetinib</i> )                                    | PSP       |            |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG ( <i>afatinib dimaleate</i> )                | NPSP      |            |
| GLEEVEC ORAL TABLET 100 MG, 400 MG ( <i>imatinib mesylate</i> )                       | NF        |            |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG ( <i>mirdametinib</i> )                               | PSP       |            |
| GOMEKLI ORAL TABLET SOLUBLE 1 MG ( <i>mirdametinib</i> )                              | PSP       |            |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )                     | PSP       |            |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )                      | PSP       |            |
| IBTROZI ORAL CAPSULE 200 MG ( <i>taletrectinib adipate</i> )                          | PSP       |            |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG ( <i>ponatinib hcl</i> )               | NF        |            |
| <i>imatinib mesylate oral tablet 100 mg, 400 mg</i>                                   | G         |            |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG ( <i>ibrutinib</i> )                             | NF        |            |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML ( <i>ibrutinib</i> )                               | NF        |            |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG ( <i>ibrutinib</i> )                     | NF        |            |
| <i>imkeldi oral solution 80 mg/ml</i>                                                 | NF        |            |
| INLYTA ORAL TABLET 1 MG, 5 MG ( <i>axitinib</i> )                                     | PSP       |            |
| INREBIC ORAL CAPSULE 100 MG ( <i>fedratinib hcl</i> )                                 | NF        |            |
| IRESSA ORAL TABLET 250 MG ( <i>gefitinib</i> )                                        | NF        |            |
| ITOVEBI ORAL TABLET 3 MG, 9 MG ( <i>inavolisib</i> )                                  | NPSP      |            |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG ( <i>ruxolitinib phosphate</i> )  | PSP       |            |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG ( <i>pirtobrutinib</i> )                           | NF        |            |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> ) | PSP       |            |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> ) | PSP       |            |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> ) | PSP       |            |

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|------------------------------------------------------------------------------------------------------|-----------|------------|
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG ( <i>selumetinib sulfate</i> )                                    | PSP       |            |
| LAZCLUZE ORAL TABLET 240 MG, 80 MG ( <i>lazertinib mesylate</i> )                                    | NF        |            |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG ( <i>lenvatinib mesylate</i> )            | PSP       |            |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG ( <i>lenvatinib mesylate</i> )         | PSP       |            |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG ( <i>lenvatinib mesylate</i> )        | PSP       |            |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ( <i>lenvatinib mesylate</i> ) | PSP       |            |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG ( <i>lenvatinib mesylate</i> )        | PSP       |            |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ( <i>lenvatinib mesylate</i> ) | PSP       |            |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG ( <i>lenvatinib mesylate</i> )              | PSP       |            |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG ( <i>lenvatinib mesylate</i> )          | PSP       |            |
| LORBRENA ORAL TABLET 100 MG, 25 MG ( <i>lorlatinib</i> )                                             | NPSP      |            |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG ( <i>futibatinib</i> )                      | NF        |            |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG ( <i>futibatinib</i> )                      | NF        |            |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG ( <i>futibatinib</i> )                      | NF        |            |
| MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML ( <i>trametinib dimethyl sulfoxide</i> )             | PSP       |            |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG ( <i>trametinib dimethyl sulfoxide</i> )                           | PSP       |            |
| MEKTOVI ORAL TABLET 15 MG ( <i>binimetinib</i> )                                                     | PSP       |            |
| NERLYNX ORAL TABLET 40 MG ( <i>neratinib maleate</i> )                                               | NPSP      |            |
| NEXAVAR ORAL TABLET 200 MG ( <i>sorafenib tosylate</i> )                                             | NF        |            |
| OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML ( <i>tovorafenib</i> )                                 | NF        |            |
| OJEMDA ORAL TABLET 100 MG ( <i>tovorafenib</i> )                                                     | NF        |            |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG ( <i>momelotinib dihydrochloride</i> )                    | NPSP      |            |

| Prescription Drug Name                                                                  | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------|-----------|------------|
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG<br>( <i>pemigatinib</i> )                    | NF        |            |
| PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG,<br>70 MG, 80 MG ( <i>dasatinib</i> )  | NF        |            |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY<br>PACK 200 MG ( <i>alpelisib</i> )      | PSP       |            |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY<br>PACK 200 & 50 MG ( <i>alpelisib</i> ) | PSP       |            |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY<br>PACK 2 X 150 MG ( <i>alpelisib</i> )  | PSP       |            |
| QINLOCK ORAL TABLET 50 MG ( <i>ripretinib</i> )                                         | NF        |            |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG<br>( <i>selpercatinib</i> )            | PSP       |            |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG ( <i>entrectinib</i> )                            | PSP       |            |
| RYDAPT ORAL CAPSULE 25 MG ( <i>midostaurin</i> )                                        | PSP       |            |
| SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG<br>( <i>asciminib hcl</i> )                   | PSP       |            |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG,<br>70 MG, 80 MG ( <i>dasatinib</i> )  | NF        |            |
| STIVARGA ORAL TABLET 40 MG ( <i>regorafenib</i> )                                       | PSP       |            |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG<br>( <i>sunitinib malate</i> )       | NF        |            |
| TABRECTA ORAL TABLET 150 MG, 200 MG ( <i>capmatinib<br/>hcl</i> )                       | NF        |            |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG ( <i>dabrafenib<br/>mesylate</i> )                   | PSP       |            |
| TAFINLAR ORAL TABLET SOLUBLE 10 MG ( <i>dabrafenib<br/>mesylate</i> )                   | PSP       |            |
| TAGRISSE ORAL TABLET 40 MG, 80 MG ( <i>osimertinib<br/>mesylate</i> )                   | PSP       |            |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG<br>( <i>nilotinib hcl</i> )                  | NF        |            |
| TEPMETKO ORAL TABLET 225 MG ( <i>tepotinib hcl</i> )                                    | NF        |            |
| TRUQAP ORAL TABLET 200 MG ( <i>capivasertib</i> )                                       | PSP       |            |
| TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG<br>( <i>capivasertib</i> )               | PSP       |            |
| TUKYSA ORAL TABLET 150 MG, 50 MG ( <i>tucatinib</i> )                                   | NPSP      |            |
| TURALIO ORAL CAPSULE 125 MG ( <i>pexidartinib hcl</i> )                                 | PSP       |            |
| TYKERB ORAL TABLET 250 MG ( <i>lapatinib ditosylate</i> )                               | NPSP      |            |

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| Prescription Drug Name                                                                                | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------|-----------|------------|
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG ( <i>quizartinib dihydrochloride</i> )                          | NPSP      |            |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>abemaciclib</i> )                             | NPSP      |            |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG ( <i>larotrectinib sulfate</i> )                                  | PSP       |            |
| VITRAKVI ORAL SOLUTION 20 MG/ML ( <i>larotrectinib sulfate</i> )                                      | PSP       |            |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>dacomitinib</i> )                                       | NF        |            |
| VONJO ORAL CAPSULE 100 MG ( <i>pacritinib citrate</i> )                                               | NPSP      |            |
| VOTRIENT ORAL TABLET 200 MG ( <i>pazopanib hcl</i> )                                                  | NF        |            |
| XALKORI ORAL CAPSULE 200 MG, 250 MG ( <i>crizotinib</i> )                                             | NF        |            |
| XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG ( <i>crizotinib</i> )                              | NPSP      |            |
| XOSPATA ORAL TABLET 40 MG ( <i>gilteritinib fumarate</i> )                                            | PSP       |            |
| ZELBORAF ORAL TABLET 240 MG ( <i>vemurafenib</i> )                                                    | NF        |            |
| ZYDELIG ORAL TABLET 100 MG, 150 MG ( <i>idelalisib</i> )                                              | NF        |            |
| ZYKADIA ORAL TABLET 150 MG ( <i>ceritinib</i> )                                                       | PSP       |            |
| <b>MISCELLANEOUS</b>                                                                                  |           |            |
| <i>bexarotene oral capsule 75 mg</i>                                                                  | G         |            |
| HYDREA ORAL CAPSULE 500 MG ( <i>hydroxyurea</i> )                                                     | NPB       |            |
| <i>hydroxyurea oral capsule 500 mg</i>                                                                | G         |            |
| IDHIFA ORAL TABLET 100 MG, 50 MG ( <i>enasidenib mesylate</i> )                                       | NPSP      |            |
| KRAZATI ORAL TABLET 200 MG ( <i>adagrasib</i> )                                                       | PSP       |            |
| LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG ( <i>sotorasib</i> )                                      | PSP       |            |
| LYNPARZA ORAL TABLET 100 MG, 150 MG ( <i>olaparib</i> )                                               | PSP       |            |
| ODOMZO ORAL CAPSULE 200 MG ( <i>sonidegib phosphate</i> )                                             | PSP       |            |
| OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG ( <i>nirogacestat hydrobromide</i> )                        | NF        |            |
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG ( <i>revumenib citrate</i> )                               | NF        |            |
| REZLIDHIA ORAL CAPSULE 150 MG ( <i>olutasidenib</i> )                                                 | NF        |            |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG ( <i>rucaparib camsylate</i> )                             | NF        |            |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG ( <i>talazoparib tosylate</i> ) | NF        |            |

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|---------------------------------------------------------------------------------------|-----------|------------|
| TARGRETIN ORAL CAPSULE 75 MG ( <i>bexarotene</i> )                                    | NF        |            |
| TAZVERIK ORAL TABLET 200 MG ( <i>tazemetostat hbr</i> )                               | NF        |            |
| TIBSOVO ORAL TABLET 250 MG ( <i>ivosidenib</i> )                                      | NPSP      |            |
| <i>tretinoin oral capsule 10 mg</i>                                                   | G         |            |
| VISTOGARD ORAL PACKET 10 GM ( <i>uridine triacetate</i> )                             | PSP       |            |
| VORANIGO ORAL TABLET 10 MG, 40 MG ( <i>vorasidenib</i> )                              | NPSP      |            |
| WELIREG ORAL TABLET 40 MG ( <i>belzutifan</i> )                                       | NF        |            |
| XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML ( <i>radium ra 223 dichloride</i> )            | NF        |            |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG ( <i>selinexor</i> )       | NPSP      |            |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG ( <i>selinexor</i> )        | NPSP      |            |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )       | NPSP      |            |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG ( <i>selinexor</i> )        | NPSP      |            |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )       | NPSP      |            |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG ( <i>selinexor</i> ) | NPSP      |            |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )       | NPSP      |            |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG ( <i>niraparib tosylate</i> )               | PSP       |            |
| ZOLINZA ORAL CAPSULE 100 MG ( <i>vorinostat</i> )                                     | NPSP      |            |
| <b>MITOTIC INHIBITORS</b>                                                             |           |            |
| DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML ( <i>docetaxel</i> )   | NF        |            |
| <b>PROTEASOME INHIBITORS</b>                                                          |           |            |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG ( <i>ixazomib citrate</i> )                   | PSP       |            |
| <b>PROTECTIVE AGENTS</b>                                                              |           |            |
| LEDERLE LEUCOVORIN ORAL TABLET 5 MG ( <i>leucovorin calcium</i> )                     | G         |            |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>                             | G         |            |
| MESNEX ORAL TABLET 400 MG ( <i>mesna</i> )                                            | NPB       |            |

| Prescription Drug Name                                                                                      | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>TOPOISOMERASE INHIBITORS</b>                                                                             |           |                                            |
| <i>etoposide oral capsule 50 mg</i>                                                                         | G         |                                            |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG ( <i>topotecan hcl</i> )                                                | NPSP      |                                            |
| ONIVYDE INTRAVENOUS SUSPENSION 43 MG/10ML<br>( <i>irinotecan hcl liposome</i> )                             | NPSP      |                                            |
| <b>CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>                                     |           |                                            |
| <b>ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                                      |           |                                            |
| <i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | G         |                                            |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>               | G         |                                            |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>                                        | G         |                                            |
| <i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>                                            | G         |                                            |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>                          | G         | N8 (Listing does not include certain NDCs) |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG ( <i>amlodipine besy-benazepril hcl</i> )          | NPB       |                                            |
| PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG ( <i>perindopril arg-amlodipine</i> )                    | NF        |                                            |
| <i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>                                       | G         | N8 (Listing does not include certain NDCs) |
| <i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>    | NPB       |                                            |
| ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG ( <i>lisinopril-hydrochlorothiazide</i> )           | NF        |                                            |
| <b>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                                                  |           |                                            |
| <i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                                 | G         | N8 (Listing does not include certain NDCs) |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>                                                  | G         |                                            |
| <i>enalapril maleate oral solution 1 mg/ml</i>                                                              | G         |                                            |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                                             | G         | N8 (Listing does not include certain NDCs) |
| EPANED ORAL SOLUTION 1 MG/ML ( <i>enalapril maleate</i> )                                                   | NF        |                                            |
| <i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>                                                    | G         | N8 (Listing does not include certain NDCs) |

| Prescription Drug Name                                                                         | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>                         | G         | N8 (Listing does not include certain NDCs) |
| <i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>                                                 | G         |                                            |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>                                       | G         |                                            |
| QBRELIS ORAL SOLUTION 1 MG/ML ( <i>lisinopril</i> )                                            | NPB       |                                            |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                     | G         | N8 (Listing does not include certain NDCs) |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>                                      | G         |                                            |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>                                               | G         |                                            |
| VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG ( <i>enalapril maleate</i> )                    | NPB       |                                            |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                   |           |                                            |
| ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>spironolactone</i> )                           | NPB       |                                            |
| CAROSPIR ORAL SUSPENSION 25 MG/5ML ( <i>spironolactone</i> )                                   | NF        |                                            |
| <i>eplerenone oral tablet 25 mg, 50 mg</i>                                                     | G         |                                            |
| INSPIRA ORAL TABLET 25 MG ( <i>eplerenone</i> )                                                | NPB       |                                            |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>finerenone</i> )                                 | PB        |                                            |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>                                         | G         |                                            |
| <b>ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                                     |           |                                            |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>                                              | G         |                                            |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>    |           |                                            |
| <i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>      | G         |                                            |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>                  | G         |                                            |
| ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG ( <i>candesartan cilexetil-hctz</i> ) | NF        |                                            |
| AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG ( <i>amlodipine-olmesartan</i> )         | NF        |                                            |
| BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG ( <i>olmesartan medoxomil-hctz</i> )  | NF        |                                            |
| <i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>                 | G         |                                            |

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|-------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG ( <i>valsartan-hydrochlorothiazide</i> )          | NF        |            |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG ( <i>azilsartan-chlorthalidone</i> )                                                    | NF        |            |
| EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG ( <i>amlodipine-valsartan-hctz</i> ) | NF        |            |
| EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG ( <i>amlodipine besylate-valsartan</i> )                               | NF        |            |
| HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG ( <i>losartan potassium-hctz</i> )                                            | NF        |            |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>                                                          | G         |            |
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>                                                       | G         |            |
| MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG ( <i>telmisartan-hctz</i> )                                               | NF        |            |
| <i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>                                                       | G         |            |
| <i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>                    | G         |            |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>                                                      | G         |            |
| <i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>                                                                | G         |            |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>                         | G         |            |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                                                     |           |            |
| ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG ( <i>candesartan cilexetil</i> )                                                       | NF        |            |
| BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG ( <i>olmesartan medoxomil</i> )                                                              | NF        |            |
| <i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                                                   | G         |            |
| COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>losartan potassium</i> )                                                               | NF        |            |
| DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG ( <i>valsartan</i> )                                                                | NF        |            |
| EDARBI ORAL TABLET 40 MG, 80 MG ( <i>azilsartan medoxomil</i> )                                                                     | NF        |            |

| Prescription Drug Name                                                                                        | Drug Tier | Drug Notes                                 |
|---------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>                                                           | G         | N8 (Listing does not include certain NDCs) |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>                                                    | G         |                                            |
| MICARDIS ORAL TABLET 40 MG, 80 MG ( <i>telmisartan</i> )                                                      | NF        |                                            |
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>                                                    | G         |                                            |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>                                                            | G         |                                            |
| <i>valsartan oral solution 4 mg/ml</i>                                                                        | NF        |                                            |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>                                                     | G         |                                            |
| <b>ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM</b>                                                        |           |                                            |
| <i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>                                                      | G         |                                            |
| BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl af</i> )                                       | NF        |                                            |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl</i> )                                             | NF        |                                            |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>                                                     | G         |                                            |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>                                                      | G         |                                            |
| <i>flecainide acetate oral tablet 100 mg, 150 mg</i>                                                          | G         |                                            |
| <i>flecainide acetate oral tablet 50 mg</i>                                                                   | G         | N8 (Listing does not include certain NDCs) |
| <i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>                                                     | G         |                                            |
| MULTAQ ORAL TABLET 400 MG ( <i>dronedarone hcl</i> )                                                          | PB        |                                            |
| NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-% ( <i>amiodarone hcl in dextrose</i> ) | NF        |                                            |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG ( <i>disopyramide phosphate</i> )             | NPB       |                                            |
| NORPACE ORAL CAPSULE 100 MG, 150 MG ( <i>disopyramide phosphate</i> )                                         | NF        |                                            |
| <i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg)                                                   | G         |                                            |
| <i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>                        | G         |                                            |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>                                                     | G         |                                            |
| <i>quinidine gluconate er oral tablet extended release 324 mg</i>                                             | G         |                                            |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>                                                           | G         |                                            |
| <i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>                                                     | G         |                                            |
| <i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                                                  | G         |                                            |
| SOTYLIZE ORAL SOLUTION 5 MG/ML ( <i>sotalol hcl</i> )                                                         | NPB       |                                            |

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|-----------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG ( <i>dofetilide</i> )                    | NPSP      |                                            |
| <b>ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL</b>      |           |                                            |
| NEXLETOL ORAL TABLET 180 MG ( <i>bempedoic acid</i> )                                   | PB        |                                            |
| NEXLIZET ORAL TABLET 180-10 MG ( <i>bempedoic acid-ezetimibe</i> )                      | PB        |                                            |
| <b>ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL</b>                 |           |                                            |
| <i>cholestyramine light oral packet 4 gm</i>                                            | G         |                                            |
| <i>cholestyramine light oral powder 4 gm/dose</i>                                       | G         | N8 (Listing does not include certain NDCs) |
| <i>cholestyramine oral packet 4 gm</i>                                                  | G         |                                            |
| <i>cholestyramine oral powder 4 gm/dose</i>                                             | G         | N8 (Listing does not include certain NDCs) |
| <i>colesevelam hcl oral packet 3.75 gm</i>                                              | G         |                                            |
| <i>colesevelam hcl oral tablet 625 mg</i>                                               | G         |                                            |
| <i>colestipol hcl oral granules 5 gm</i>                                                | G         |                                            |
| <i>colestipol hcl oral packet 5 gm</i>                                                  | G         |                                            |
| <i>colestipol hcl oral tablet 1 gm</i>                                                  | G         |                                            |
| <i>cholestyramine light</i> (Prevalite Oral Packet 4 Gm)                                | G         |                                            |
| <i>cholestyramine light</i> (Prevalite Oral Powder 4 Gm/Dose)                           | G         |                                            |
| <b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL</b> |           |                                            |
| <i>ezetimibe oral tablet 10 mg</i>                                                      | G         |                                            |
| ZETIA ORAL TABLET 10 MG ( <i>ezetimibe</i> )                                            | NF        |                                            |
| <b>ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL</b>                         |           |                                            |
| <i>fenofibrate micronized oral capsule 130 mg</i>                                       | NF        |                                            |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>                        | G         | N8 (Listing does not include certain NDCs) |
| <i>fenofibrate micronized oral capsule 43 mg</i>                                        | G         |                                            |
| <i>fenofibrate oral capsule 150 mg</i>                                                  | G         |                                            |
| <i>fenofibrate oral capsule 50 mg</i>                                                   | NF        |                                            |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i>                                            | NF        |                                            |
| <i>fenofibrate oral tablet 145 mg, 48 mg</i>                                            | G         |                                            |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                                            | G         | N8 (Listing does not include certain NDCs) |

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| Prescription Drug Name                                                                           | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>                                | G         |                                            |
| <i>fenofibric acid oral tablet 105 mg</i>                                                        | G         |                                            |
| <i>gemfibrozil oral tablet 600 mg</i>                                                            | G         | N8 (Listing does not include certain NDCs) |
| LIPOFEN ORAL CAPSULE 150 MG, 50 MG ( <i>fenofibrate</i> )                                        | NPB       |                                            |
| TRICOR ORAL TABLET 145 MG ( <i>fenofibrate</i> )                                                 | NF        |                                            |
| <b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL</b>              |           |                                            |
| ATORVALIQ ORAL SUSPENSION 20 MG/5ML ( <i>atorvastatin calcium</i> )                              | NF        |                                            |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>                                             | CE        |                                            |
| <i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>                                             | G         |                                            |
| CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG ( <i>rosuvastatin calcium</i> )                    | NF        |                                            |
| EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG ( <i>rosuvastatin calcium</i> ) | NF        |                                            |
| <i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>                                             | NF        |                                            |
| <i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>                          | G         |                                            |
| <i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>                                              | G         |                                            |
| LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG ( <i>fluvastatin sodium</i> )               | NF        |                                            |
| LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG ( <i>atorvastatin calcium</i> )                   | NF        |                                            |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>pitavastatin calcium</i> )                              | NF        |                                            |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>                                                | G         |                                            |
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>                                 | G         |                                            |
| <i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 5 mg</i>                                       | G         |                                            |
| <i>rosuvastatin calcium oral tablet 40 mg</i>                                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                         | CE        |                                            |
| <i>simvastatin oral tablet 80 mg</i>                                                             | G         |                                            |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>simvastatin</i> )                                     | NPB       |                                            |
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG ( <i>pitavastatin magnesium</i> )                               | NF        |                                            |

| Prescription Drug Name                                                                              | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------|-----------|------------|
| <b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL</b>    |           |            |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>                     | G         |            |
| VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG ( <i>ezetimibe-simvastatin</i> )         | NPB       |            |
| <b>ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL</b>                                |           |            |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG ( <i>lomitapide mesylate</i> )                      | NF        |            |
| <i>niacin (antihyperlipidemic) oral tablet 500 mg</i>                                               | NF        |            |
| <i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>          | G         |            |
| NIACOR ORAL TABLET 500 MG ( <i>niacin (antihyperlipidemic)</i> )                                    | NF        |            |
| <b>ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL</b>                          |           |            |
| <i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>                                                    | NF        |            |
| LOVAZA ORAL CAPSULE 1 GM ( <i>omega-3-acid ethyl esters</i> )                                       | NF        |            |
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i>                                                  | G         |            |
| VASCEPA ORAL CAPSULE 0.5 GM, 1 GM ( <i>icosapent ethyl</i> )                                        | PB        |            |
| <b>ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL</b>                             |           |            |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML ( <i>alirocumab</i> )              | NF        |            |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML ( <i>evolocumab</i> )                     | PSP       |            |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>evolocumab</i> )               | PSP       |            |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b> |           |            |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>                                      | G         |            |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>                | G         |            |
| <i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>                    | G         |            |

| Prescription Drug Name                                                                                           | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>                                   |           |                                            |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i>                                                                | G         |                                            |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>                                                                 | G         |                                            |
| ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML ( <i>atenolol</i> )                                                 | NF        |                                            |
| <i>betaxolol hcl oral tablet 10 mg, 20 mg</i>                                                                    | G         |                                            |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>                                                               | G         |                                            |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG ( <i>nebivolol hcl</i> )                                         | NF        |                                            |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>                                                  | G         |                                            |
| <i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>                  | G         | N8 (Listing does not include certain NDCs) |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG ( <i>carvedilol phosphate</i> )        | NF        |                                            |
| COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG ( <i>carvedilol</i> )                                        | NPB       |                                            |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML ( <i>propranolol hcl</i> )                                                    | NPB       |                                            |
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG ( <i>propranolol hcl</i> )         | NF        |                                            |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG ( <i>propranolol hcl sr beads</i> )               | NF        |                                            |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG ( <i>propranolol hcl sr beads</i> )              | NF        |                                            |
| KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG ( <i>metoprolol succinate</i> ) | NF        |                                            |
| <i>labetalol hcl intravenous solution 5 mg/ml</i>                                                                | G         | N8 (Listing does not include certain NDCs) |
| <i>labetalol hcl intravenous solution prefilled syringe 20 mg/4ml</i>                                            | NF        |                                            |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>                                                          | G         | N8 (Listing does not include certain NDCs) |
| <i>labetalol hcl oral tablet 400 mg</i>                                                                          | G         |                                            |
| LOPRESSOR ORAL SOLUTION 10 MG/ML ( <i>metoprolol tartrate</i> )                                                  | NPB       |                                            |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG ( <i>metoprolol tartrate</i> )                                               | NPB       |                                            |

| Prescription Drug Name                                                                                                                                 | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>                                                       | G         |                                            |
| <i>metoprolol tartrate oral tablet 100 mg, 12.5 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                                                                   | G         |                                            |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                                                                                                         | G         |                                            |
| <i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                                                                                            | G         | N8 (Listing does not include certain NDCs) |
| <i>pindolol oral tablet 10 mg, 5 mg</i>                                                                                                                | G         |                                            |
| <i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>                                                           | G         |                                            |
| <i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>                                                                                              | G         |                                            |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                                                                                   | G         |                                            |
| TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>atenolol</i> )                                                                                          | NPB       |                                            |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>                                                                                                  | G         |                                            |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG ( <i>metoprolol succinate</i> )                                            | NF        |                                            |
| <b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>                                      |           |                                            |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> | G         |                                            |
| <b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>                                                              |           |                                            |
| AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML ( <i>amlodipine besylate</i> )                                                                      | NF        |                                            |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                                                             | G         |                                            |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG ( <i>diltiazem hcl coated beads</i> )                         | NF        |                                            |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG ( <i>diltiazem hcl</i> )                               | NF        |                                            |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG ( <i>diltiazem hcl</i> )                                                                                     | NF        |                                            |
| <i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)                                     | G         |                                            |
| CONJUPRI ORAL TABLET 2.5 MG, 5 MG ( <i>levamlodipine maleate</i> )                                                                                     | NF        |                                            |

| Prescription Drug Name                                                                                             | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | G         |                                            |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>  | G         |                                            |
| <i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>                                 | G         |                                            |
| <i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>        | NF        |                                            |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>                                                       | G         | N8 (Listing does not include certain NDCs) |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>                                        | G         |                                            |
| <i>felodipine er oral tablet extended release 24 hour 10 mg</i>                                                    | G         |                                            |
| <i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>                                             | G         | N8 (Listing does not include certain NDCs) |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>                                                                        | G         |                                            |
| KATERZIA ORAL SUSPENSION 1 MG/ML ( <i>amlodipine benzoate</i> )                                                    | NF        |                                            |
| <i>diltiazem hcl</i> (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)       | NF        |                                            |
| <i>nicardipine hcl oral capsule 20 mg, 30 mg</i>                                                                   | G         | N8 (Listing does not include certain NDCs) |
| <i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>                                      | G         |                                            |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>                      | G         | N8 (Listing does not include certain NDCs) |
| <i>nifedipine oral capsule 10 mg, 20 mg</i>                                                                        | G         | N8 (Listing does not include certain NDCs) |
| <i>nimodipine oral capsule 30 mg</i>                                                                               | G         |                                            |
| <i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>                                    | G         |                                            |
| NORLIQVA ORAL SOLUTION 1 MG/ML ( <i>amlodipine besylate</i> )                                                      | NF        |                                            |
| NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>amlodipine besylate</i> )                                             | NF        |                                            |
| NYMALIZE ORAL SOLUTION 6 MG/ML ( <i>nimodipine</i> )                                                               | NPB       |                                            |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg</i>                                               | G         | N8 (Listing does not include certain NDCs) |
| <i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>       | G         |                                            |

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|-------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>   | G         |                                            |
| <i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>                         | G         | N8 (Listing does not include certain NDCs) |
| <b>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</b>                 |           |                                            |
| <i>digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)</i>                           | G         |                                            |
| <i>digoxin oral solution 0.05 mg/ml</i>                                       | G         |                                            |
| <i>digoxin oral tablet 125 mcg, 250 mcg</i>                                   | G         |                                            |
| LANOXIN ORAL TABLET 125 MCG, 250 MCG ( <i>digoxin</i> )                       | NF        |                                            |
| LANOXIN ORAL TABLET 62.5 MCG ( <i>digoxin</i> )                               | NPB       |                                            |
| <b>DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS</b> |           |                                            |
| <i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>                          | G         |                                            |
| TEKTURNA ORAL TABLET 150 MG, 300 MG ( <i>aliskiren fumarate</i> )             | NPB       |                                            |
| <b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</b>                            |           |                                            |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>          | G         |                                            |
| <i>acetazolamide oral tablet 125 mg</i>                                       | G         | N8 (Listing does not include certain NDCs) |
| <i>acetazolamide oral tablet 250 mg</i>                                       | G         |                                            |
| <i>amiloride hcl oral tablet 5 mg</i>                                         | G         |                                            |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>                      | G         |                                            |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>                              | G         |                                            |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                                | G         |                                            |
| DIURIL ORAL SUSPENSION 250 MG/5ML ( <i>chlorothiazide</i> )                   | NPB       |                                            |
| DYRENIUM ORAL CAPSULE 100 MG, 50 MG ( <i>triamterene</i> )                    | NF        |                                            |
| <i>ethacrynic acid oral tablet 25 mg</i>                                      | G         |                                            |
| FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML ( <i>furosemide</i> )          | NF        |                                            |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>                             | G         |                                            |
| <i>furosemide oral tablet 20 mg, 40 mg</i>                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>furosemide oral tablet 80 mg</i>                                           | G         |                                            |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                               | G         |                                            |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>                  | G         | N8 (Listing does not include certain NDCs) |

| Prescription Drug Name                                                             | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                                      | G         |                                            |
| KEVEYIS ORAL TABLET 50 MG ( <i>dichlorphenamide</i> )                              | NPSP      |                                            |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                                      | G         |                                            |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                                  | G         |                                            |
| SOAANZ ORAL TABLET 40 MG ( <i>torsemide</i> )                                      | NF        |                                            |
| <i>spironolactone-hctz oral tablet 25-25 mg</i>                                    | G         |                                            |
| THALITONE ORAL TABLET 15 MG ( <i>chlorthalidone</i> )                              | NF        |                                            |
| <i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>                            | G         | N8 (Listing does not include certain NDCs) |
| <i>triamterene oral capsule 100 mg, 50 mg</i>                                      | G         |                                            |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i>                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>                           | G         |                                            |
| <b>HEART FAILURE</b>                                                               |           |                                            |
| BIDIL ORAL TABLET 20-37.5 MG ( <i>isosorb dinitrate-hydralazine</i> )              | NPB       |                                            |
| CORLANOR ORAL SOLUTION 5 MG/5ML ( <i>ivabradine hcl</i> )                          | NPB       |                                            |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )                        | NPB       |                                            |
| ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG ( <i>sacubitril-valsartan</i> )    | NPB       |                                            |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG ( <i>sacubitril-valsartan</i> ) | NPB       |                                            |
| INPEFA ORAL TABLET 200 MG, 400 MG ( <i>sotagliflozin</i> )                         | NF        |                                            |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>vericiguat</i> )                      | PB        |                                            |
| <b>MISCELLANEOUS</b>                                                               |           |                                            |
| ADRENALIN INTRAVENOUS SOLUTION 5-0.9 MG/250ML-% ( <i>epinephrine-nacl</i> )        | NF        |                                            |
| BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML ( <i>phenylephrine hcl (pressors)</i> )   | NF        |                                            |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG ( <i>mavacamten</i> )              | NPSP      |                                            |
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR ( <i>clonidine</i> )           | NPB       |                                            |
| CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR ( <i>clonidine</i> )           | NPB       |                                            |
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR ( <i>clonidine</i> )           | NPB       |                                            |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                            | G         |                                            |

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|------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>                                         | G         | N8 (Listing does not include certain NDCs) |
| <i>clonidine transdermal patch weekly 0.3 mg/24hr</i>                                                      | G         |                                            |
| DEMSEER ORAL CAPSULE 250 MG ( <i>metirosine</i> )                                                          | NPB       |                                            |
| GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML ( <i>angiotensin ii acetate</i> )                       | NF        |                                            |
| <i>guanfacine hcl oral tablet 1 mg, 2 mg</i>                                                               | G         | N8 (Listing does not include certain NDCs) |
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                             | G         | N8 (Listing does not include certain NDCs) |
| LODOCO ORAL TABLET 0.5 MG ( <i>colchicine</i> )                                                            | NF        |                                            |
| <i>methyldopa oral tablet 250 mg, 500 mg</i>                                                               | G         | N8 (Listing does not include certain NDCs) |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                       | G         |                                            |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>                                                                 | G         |                                            |
| NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG ( <i>clonidine</i> )                              | NF        |                                            |
| NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% ( <i>nitroprusside sodium-nacl</i> ) | NF        |                                            |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG ( <i>droxidopa</i> )                                          | NF        |                                            |
| <i>phenoxybenzamine hcl oral capsule 10 mg</i>                                                             | G         |                                            |
| <i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>                                  | G         |                                            |
| TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML ( <i>olezarsen sodium</i> )                      | NF        |                                            |
| TRYVIO ORAL TABLET 12.5 MG ( <i>aprocitentan</i> )                                                         | NF        |                                            |
| VECAMEYL ORAL TABLET 2.5 MG ( <i>mecamylamine hcl</i> )                                                    | NPB       |                                            |
| VYNDAMAX ORAL CAPSULE 61 MG ( <i>tafamidis</i> )                                                           | PSP       |                                            |
| <b>NITRATES - DRUGS TO TREAT HEART CONDITIONS</b>                                                          |           |                                            |
| ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG ( <i>isosorbide dinitrate</i> )                                  | NPB       |                                            |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>                                          | G         |                                            |
| <i>isosorbide dinitrate oral tablet 40 mg</i>                                                              | NF        |                                            |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>                 | G         |                                            |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>                                                     | NPB       |                                            |

| Prescription Drug Name                                                                                                        | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| NITRO-BID TRANSDERMAL OINTMENT 2 % ( <i>nitroglycerin</i> )                                                                   | NPB       |            |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR ( <i>nitroglycerin</i> ) | NPB       |            |
| <i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>                                                      | G         |            |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>                                     | G         |            |
| <i>nitroglycerin translingual solution 0.4 mg/spray</i>                                                                       | G         |            |
| NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY ( <i>nitroglycerin</i> )                                                      | NPB       |            |
| <b>PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION</b>                                                |           |            |
| ADCIRCA ORAL TABLET 20 MG ( <i>tadalafil (pah)</i> )                                                                          | NPSP      |            |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )                                                   | PSP       |            |
| <i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)                                                                               | G         |            |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i>                                                                                    | G         |            |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i>                                                                                   | G         |            |
| <i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>                                                  | G         |            |
| FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG ( <i>epoprostenol sodium</i> )                                       | NPSP      |            |
| LETAIRIS ORAL TABLET 10 MG, 5 MG ( <i>ambrisentan</i> )                                                                       | NF        |            |
| OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )                                                                               | PSP       |            |
| OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG ( <i>macitentan-tadalafil</i> )                                                        | PSP       |            |
| ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ( <i>treprostinil diolamine</i> )                 | PSP       |            |
| ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ( <i>treprostinil diolamine</i> )                 | PSP       |            |
| ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG ( <i>treprostinil diolamine</i> )             | PSP       |            |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG ( <i>treprostinil diolamine</i> )                | PSP       |            |
| REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML, 8 MG/20ML ( <i>treprostinil</i> )              | NF        |            |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| REVATIO ORAL TABLET 20 MG ( <i>sildenafil citrate</i> )                                                                                                           | NPSP      |            |
| <i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>                                                                                                  | G         |            |
| <i>sildenafil citrate oral tablet 20 mg</i>                                                                                                                       | G         |            |
| <i>tadalafil (pah) oral tablet 20 mg</i>                                                                                                                          | G         |            |
| TADLIQ ORAL SUSPENSION 20 MG/5ML ( <i>tadalafil (pah)</i> )                                                                                                       | PSP       |            |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG ( <i>bosentan</i> )                                                                                                          | NF        |            |
| TRACLEER ORAL TABLET SOLUBLE 32 MG ( <i>bosentan</i> )                                                                                                            | NF        |            |
| <i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>                                                                           | G         |            |
| TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG ( <i>treprostinil</i> )                                                     | PSP       |            |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X 64MCG, 112 X 48MCG & 112 X 64MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG ( <i>treprostinil</i> ) | PSP       |            |
| TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG ( <i>treprostinil</i> )                                                                               | PSP       |            |
| TYVASO INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )                                                                                                      | PSP       |            |
| TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )                                                                                           | PSP       |            |
| TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )                                                                                          | PSP       |            |
| UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )                                               | PSP       |            |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG ( <i>selexipag</i> )                                                                                     | PSP       |            |
| VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG ( <i>epoprostenol sodium</i> )                                                                          | NPSP      |            |
| WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG ( <i>sotatercept-csrk</i> )                                                                         | NPSP      |            |
| YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG ( <i>treprostinil sodium</i> )                                                                    | PSP       |            |
| <b>CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>                                                                                           |           |            |
| <b>ALCOHOL DETERRENTS</b>                                                                                                                                         |           |            |
| <i>acamprosate calcium oral tablet delayed release 333 mg</i>                                                                                                     | G         |            |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>                                                                                                                      | G         |            |

| Prescription Drug Name                                                                   | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>AMYOTROPHIC LATERAL SCLEROSIS (ALS) - DRUGS TO TREAT ALS</b>                          |           |                                            |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5ML ( <i>edaravone</i> )                             | PSP       |                                            |
| RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML ( <i>edaravone</i> )                 | PSP       |                                            |
| <i>riluzole oral tablet 50 mg</i>                                                        | G         |                                            |
| TEGLUTIK ORAL SUSPENSION 50 MG/10ML ( <i>riluzole</i> )                                  | NF        |                                            |
| <b>ANTIANXIETY - DRUGS TO TREAT ANXIETY</b>                                              |           |                                            |
| <i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>       | G         |                                            |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>alprazolam</i> )                       | NPB       |                                            |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                | G         |                                            |
| <i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                    | G         |                                            |
| <i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>       | G         |                                            |
| ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG ( <i>clomipramine hcl</i> )                   | NPB       |                                            |
| ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML ( <i>lorazepam</i> )                          | NF        |                                            |
| ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>lorazepam</i> )                               | NF        |                                            |
| <i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>                       | G         |                                            |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                              | G         |                                            |
| <i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>                                 | G         |                                            |
| <i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>       | G         |                                            |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>                              | G         | N8 (Listing does not include certain NDCs) |
| <i>lorazepam injection solution 2 mg/ml</i>                                              | G         | N8 (Listing does not include certain NDCs) |
| <i>lorazepam oral concentrate 2 mg/ml</i>                                                | G         | N8 (Listing does not include certain NDCs) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                          | G         | N8 (Listing does not include certain NDCs) |
| LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG ( <i>lorazepam</i> ) | NPB       |                                            |
| <i>meprobamate oral tablet 200 mg, 400 mg</i>                                            | G         |                                            |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>                                         | G         |                                            |

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|------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------|
| XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG<br>( <i>alprazolam</i> )                                                             | NF        |                                               |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24<br>HOUR 2 MG ( <i>alprazolam</i> )                                                        | NF        |                                               |
| <b>ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND<br/>MEMORY LOSS</b>                                                                  |           |                                               |
| <i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>                                                                                | G         |                                               |
| <i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>                                                                           | G         |                                               |
| <i>galantamine hydrobromide er oral capsule extended release 24<br/>hour 16 mg, 24 mg, 8 mg</i>                                    | G         |                                               |
| <i>galantamine hydrobromide oral solution 4 mg/ml</i>                                                                              | G         |                                               |
| <i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>                                                                      | G         |                                               |
| <i>memantine hcl er oral capsule extended release 24 hour 14 mg,<br/>21 mg, 28 mg, 7 mg</i>                                        | G         |                                               |
| <i>memantine hcl oral solution 2 mg/ml</i>                                                                                         | G         |                                               |
| <i>memantine hcl oral tablet 10 mg, 5 mg</i>                                                                                       | G         | N8 (Listing does not include<br>certain NDCs) |
| <i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>                                                                        | G         |                                               |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24<br>HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG ( <i>memantine<br/>hcl-donepezil hcl</i> ) | PB        |                                               |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>                                                               | G         |                                               |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6<br/>mg/24hr, 9.5 mg/24hr</i>                                           | G         |                                               |
| <b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>                                                                                 |           |                                               |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50<br/>mg, 75 mg</i>                                                | G         |                                               |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                                                                          | G         | N8 (Listing does not include<br>certain NDCs) |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR<br>174 MG, 348 MG, 522 MG ( <i>bupropion hbr</i> )                                   | NF        |                                               |
| AUVELITY ORAL TABLET EXTENDED RELEASE 45-105<br>MG ( <i>dextromethorphan-bupropion</i> )                                           | PB        |                                               |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg,<br/>150 mg, 200 mg</i>                                       | G         |                                               |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg,<br/>300 mg</i>                                               | G         |                                               |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>                                                           | NF        |                                               |

| Prescription Drug Name                                                                                   | Drug Tier | Drug Notes                                 |
|----------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>                                                           | G         | N8 (Listing does not include certain NDCs) |
| <i>citalopram hydrobromide oral capsule 30 mg</i>                                                        | NF        |                                            |
| <i>citalopram hydrobromide oral solution 20 mg/10ml</i>                                                  | G         |                                            |
| <i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>                                           | G         |                                            |
| <i>desipramine hcl oral tablet 10 mg, 25 mg</i>                                                          | G         | N8 (Listing does not include certain NDCs) |
| <i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>                                          | G         |                                            |
| <i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>                              | NPB       |                                            |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>             | G         |                                            |
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>                                       | G         | N8 (Listing does not include certain NDCs) |
| <i>doxepin hcl oral capsule 150 mg</i>                                                                   | G         |                                            |
| <i>doxepin hcl oral concentrate 10 mg/ml</i>                                                             | G         |                                            |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>                  | G         |                                            |
| EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG ( <i>venlafaxine hcl</i> )       | NF        |                                            |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR ( <i>selegiline</i> )                   | NPB       |                                            |
| <i>escitalopram oxalate oral solution 5 mg/5ml</i>                                                       | G         | N8 (Listing does not include certain NDCs) |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>                                               | G         |                                            |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG ( <i>levomilnacipran hcl</i> ) | NPB       |                                            |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ( <i>levomilnacipran hcl</i> )         | NPB       |                                            |
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>                                                   | G         |                                            |
| <i>fluoxetine hcl oral capsule delayed release 90 mg</i>                                                 | G         |                                            |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i>                                                            | G         | N8 (Listing does not include certain NDCs) |
| <i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>                                                           | G         |                                            |
| <i>fluoxetine hcl oral tablet 60 mg</i>                                                                  | NF        |                                            |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                                    | G         |                                            |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>                                     | G         |                                            |

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|----------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG<br>(escitalopram oxalate)                             | NF        |                                            |
| MARPLAN ORAL TABLET 10 MG (isocarboxazid)                                                    | NPB       |                                            |
| mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg                                          | G         |                                            |
| mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg                                      | G         |                                            |
| NARDIL ORAL TABLET 15 MG (phenelzine sulfate)                                                | NPB       |                                            |
| nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg                             | G         |                                            |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine hcl)                                         | NPB       |                                            |
| nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg                                    | G         |                                            |
| nortriptyline hcl oral solution 10 mg/5ml                                                    | G         |                                            |
| PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG<br>(nortriptyline hcl)                       | NPB       |                                            |
| PARNATE ORAL TABLET 10 MG (tranylcypromine sulfate)                                          | NPB       |                                            |
| paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg                        | G         |                                            |
| paroxetine hcl er oral tablet extended release 24 hour 37.5 mg                               | NF        |                                            |
| paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg                                        | G         | N8 (Listing does not include certain NDCs) |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (paroxetine hcl)       | NF        |                                            |
| PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG<br>(paroxetine hcl)                             | NF        |                                            |
| phenelzine sulfate oral tablet 15 mg                                                         | G         |                                            |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (desvenlafaxine succinate) | NF        |                                            |
| protriptyline hcl oral tablet 10 mg, 5 mg                                                    | G         |                                            |
| RALDESY ORAL SOLUTION 10 MG/ML (trazodone hcl)                                               | NF        |                                            |
| REMERON ORAL TABLET 15 MG, 30 MG (mirtazapine)                                               | NPB       |                                            |
| REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (mirtazapine)                     | NPB       |                                            |
| sertraline hcl oral capsule 150 mg, 200 mg                                                   | NF        |                                            |
| sertraline hcl oral concentrate 20 mg/ml                                                     | G         |                                            |
| sertraline hcl oral tablet 100 mg, 25 mg, 50 mg                                              | G         |                                            |
| SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (esketamine hcl)              | NPB       |                                            |

| Prescription Drug Name                                                                     | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE ( <i>esketamine hcl</i> )   | NPB       |                                            |
| <i>tranylcypromine sulfate oral tablet 10 mg</i>                                           | G         |                                            |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>                             | G         |                                            |
| <i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>                              | G         | N8 (Listing does not include certain NDCs) |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>vortioxetine hbr</i> )                      | PB        |                                            |
| <i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>               | NF        |                                            |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>     | G         |                                            |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>      | NF        |                                            |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>                      | G         | N8 (Listing does not include certain NDCs) |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                    | G         |                                            |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>vilazodone hcl</i> )                          | NF        |                                            |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG ( <i>bupropion hcl</i> ) | NF        |                                            |
| ZOLOFT ORAL CONCENTRATE 20 MG/ML ( <i>sertraline hcl</i> )                                 | NF        |                                            |
| ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sertraline hcl</i> )                          | NF        |                                            |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG ( <i>zuranolone</i> )                            | PSP       |                                            |
| <b>ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE</b>                         |           |                                            |
| <i>amantadine hcl oral capsule 100 mg</i>                                                  | G         | N8 (Listing does not include certain NDCs) |
| <i>amantadine hcl oral solution 50 mg/5ml</i>                                              | G         | N8 (Listing does not include certain NDCs) |
| <i>amantadine hcl oral tablet 100 mg</i>                                                   | G         |                                            |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML ( <i>apomorphine hcl</i> )                | NF        |                                            |
| <i>benztropine mesylate oral tablet 0.5 mg</i>                                             | G         | N8 (Listing does not include certain NDCs) |
| <i>benztropine mesylate oral tablet 1 mg, 2 mg</i>                                         | G         |                                            |
| <i>bromocriptine mesylate oral capsule 5 mg</i>                                            | G         |                                            |

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|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>bromocriptine mesylate oral tablet 2.5 mg</i>                                                                                                  | G         |            |
| <i>carbidopa oral tablet 25 mg</i>                                                                                                                | G         |            |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>                                                                    | G         |            |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>                                                                             | G         |            |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | NPB       |            |
| CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG ( <i>carbidopa-levodopa</i> )                                | PB        |            |
| DHIVY ORAL TABLET 25-100 MG ( <i>carbidopa-levodopa</i> )                                                                                         | NPB       |            |
| DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML ( <i>carbidopa-levodopa</i> )                                                                              | NPSP      |            |
| <i>entacapone oral tablet 200 mg</i>                                                                                                              | G         |            |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG ( <i>amantadine hcl</i> )                                                           | NF        |            |
| <i>haloperidol oral tablet 2 mg</i>                                                                                                               | G         |            |
| INBRIJA INHALATION CAPSULE 42 MG ( <i>levodopa</i> )                                                                                              | PSP       |            |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR ( <i>rotigotine</i> )                           | PB        |            |
| NOURIANZ ORAL TABLET 20 MG, 40 MG ( <i>istradefylline</i> )                                                                                       | NF        |            |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG ( <i>opicapone</i> )                                                                                           | NF        |            |
| <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>              | G         |            |
| <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                                                   | G         |            |
| <i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>                                                                                               | G         |            |
| <i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>                                                       | G         |            |
| <i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                                                                   | G         |            |
| RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG ( <i>carbidopa-levodopa</i> )                          | PB        |            |
| <i>selegiline hcl oral capsule 5 mg</i>                                                                                                           | G         |            |

| Prescription Drug Name                                                                                                                   | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>selegiline hcl oral tablet 5 mg</i>                                                                                                   | G         | N8 (Listing does not include certain NDCs) |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG ( <i>carbidopa-levodopa</i> )                                                                   | NPB       |                                            |
| <i>tolcapone oral tablet 100 mg</i>                                                                                                      | G         |                                            |
| <i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>                                                                                       | G         |                                            |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>                                                                                        | G         |                                            |
| VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML ( <i>foscarbidopa-foslevodopa</i> )                                                            | NF        |                                            |
| XADAGO ORAL TABLET 100 MG, 50 MG ( <i>safinamide mesylate</i> )                                                                          | NF        |                                            |
| ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG ( <i>selegiline hcl</i> )                                                                        | NPB       |                                            |
| <b>ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES</b>                                                                                         |           |                                            |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML ( <i>aripiprazole</i> )                                     | PB        |                                            |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG ( <i>aripiprazole</i> )                                                  | PB        |                                            |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG ( <i>aripiprazole</i> )                                        | PB        |                                            |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole w/ sens-strip-pod</i> ) | NF        |                                            |
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole w/ sens-strip-pod</i> )     | NF        |                                            |
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole</i> )                                                       | NF        |                                            |
| <i>aripiprazole oral solution 1 mg/ml</i>                                                                                                | G         |                                            |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>                                                                   | G         |                                            |
| <i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>                                                                                 | G         |                                            |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML ( <i>aripiprazole lauroxil</i> )                                            | NPB       |                                            |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML ( <i>aripiprazole lauroxil</i> )        | NPB       |                                            |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG ( <i>limateperone tosylate</i> )                                                              | NPB       |                                            |
| <i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>                                                                         | NPB       |                                            |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>                                                                                                        | NF        |            |
| <i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>                                                                                             | G         |            |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                                                                                             | G         |            |
| <i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>                                                                                       | G         |            |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG ( <i>xanomeline-trospium chloride</i> )                                                                           | NPB       |            |
| COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG ( <i>xanomeline-trospium chloride</i> )                                                              | NPB       |            |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG ( <i>carbamazepine (antipsychotic)</i> )                                                         | NPB       |            |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 351 MG/2.25ML, 39 MG/0.25ML, 78 MG/0.5ML ( <i>paliperidone palmitate</i> ) | NF        |            |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>iloperidone</i> )                                                                                  | NF        |            |
| FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG ( <i>iloperidone</i> )                                                                                           | NF        |            |
| FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG ( <i>iloperidone</i> )                                                                                               | NF        |            |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>                                                                                                             | G         |            |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i>                                                                                                                  | G         |            |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>                                                                                                                      | G         |            |
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>                                                                                                                        | G         |            |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                                                                                                         | G         |            |
| GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG ( <i>ziprasidone mesylate</i> )                                                                                     | NPB       |            |
| GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG ( <i>ziprasidone hcl</i> )                                                                                             | NPB       |            |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>                                                                                               | G         |            |
| <i>haloperidol lactate injection solution 5 mg/ml</i>                                                                                                                 | G         |            |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>                                                                                                                   | G         |            |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 20 mg, 5 mg</i>                                                                                                       | G         |            |

| Prescription Drug Name                                                                                                                                                   | Drug Tier | Drug Notes                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------|
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML<br>( <i>paliperidone palmitate</i> )                                             | NF        |                                               |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234<br>MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML ( <i>paliperidone<br/>palmitate</i> ) | NPB       |                                               |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546<br>MG/1.75ML, 819 MG/2.63ML ( <i>paliperidone palmitate</i> )              | NF        |                                               |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80<br>MG ( <i>lurasidone hcl</i> )                                                                                       | NF        |                                               |
| <i>loxapine succinate oral capsule 10 mg, 5 mg</i>                                                                                                                       | G         | N8 (Listing does not include<br>certain NDCs) |
| <i>loxapine succinate oral capsule 25 mg, 50 mg</i>                                                                                                                      | G         |                                               |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-<br>10 MG ( <i>olanzapine-samidorphan</i> )                                                                          | NPB       |                                               |
| NUPLAZID ORAL CAPSULE 34 MG ( <i>pimavanserin tartrate</i> )                                                                                                             | NPSP      |                                               |
| NUPLAZID ORAL TABLET 10 MG ( <i>pimavanserin tartrate</i> )                                                                                                              | NPSP      |                                               |
| <i>olanzapine intramuscular solution reconstituted 10 mg</i>                                                                                                             | G         |                                               |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>                                                                                                  | G         |                                               |
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>                                                                                                      | G         |                                               |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG ( <i>aripiprazole</i> )                                                                                                               | NF        |                                               |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg,<br/>6 mg, 9 mg</i>                                                                                 | G         |                                               |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                                                                                                                  | G         |                                               |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120<br>MG, 90 MG ( <i>risperidone</i> )                                                                                          | PB        |                                               |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150<br/>mg, 200 mg, 300 mg, 400 mg, 50 mg</i>                                                             | G         |                                               |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg,<br/>400 mg, 50 mg</i>                                                                                  | G         |                                               |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3<br>MG, 4 MG ( <i>brexpiprazole</i> )                                                                                  | NPB       |                                               |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION<br>RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG<br>( <i>risperidone microspheres</i> )                                      | NPB       |                                               |
| <i>risperidone oral solution 1 mg/ml</i>                                                                                                                                 | G         |                                               |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                                                                                   | G         |                                               |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                                                                          | G         |                                            |
| RYKINDO INTRAMUSCULAR SUSPENSION<br>RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG ( <i>risperidone</i> )                                                                           | NF        |                                            |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG ( <i>asenapine maleate</i> )                                                                                       | NPB       |                                            |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR ( <i>asenapine</i> )                                                                                | NF        |                                            |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG ( <i>quetiapine fumarate</i> )                                                       | NF        |                                            |
| <i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                                                                                             | G         |                                            |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                                                                                                     | G         |                                            |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>                                                                                                              | G         |                                            |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML ( <i>risperidone</i> ) | NF        |                                            |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML ( <i>clozapine</i> )                                                                                                                     | NPB       |                                            |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG ( <i>cariprazine hcl</i> )                                                                                 | PB        |                                            |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>                                                                                                              | G         |                                            |
| <b>ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES</b>                                                                                                                         |           |                                            |
| APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG ( <i>eslicarbazepine acetate</i> )                                                                                         | NPB       |                                            |
| BANZEL ORAL SUSPENSION 40 MG/ML ( <i>rufinamide</i> )                                                                                                                       | NF        |                                            |
| BANZEL ORAL TABLET 200 MG, 400 MG ( <i>rufinamide</i> )                                                                                                                     | NF        |                                            |
| BRIVIACT ORAL SOLUTION 10 MG/ML ( <i>brivaracetam</i> )                                                                                                                     | PB        |                                            |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG ( <i>brivaracetam</i> )                                                                                             | PB        |                                            |
| <i>carbamazepine er oral capsule extended release 12 hour 100 mg, 300 mg</i>                                                                                                | G         |                                            |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>                                                                                         | G         | N8 (Listing does not include certain NDCs) |
| <i>carbamazepine oral suspension 100 mg/5ml</i>                                                                                                                             | G         | N8 (Listing does not include certain NDCs) |
| <i>carbamazepine oral suspension 200 mg/10ml</i>                                                                                                                            | G         |                                            |
| <i>carbamazepine oral tablet 200 mg</i>                                                                                                                                     | G         |                                            |
| <i>carbamazepine oral tablet chewable 100 mg</i>                                                                                                                            | G         |                                            |

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|----------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| CELONTIN ORAL CAPSULE 300 MG ( <i>methsuximide</i> )                                         | NPB       |                                            |
| <i>clobazam oral suspension 2.5 mg/ml</i>                                                    | G         |                                            |
| <i>clobazam oral tablet 10 mg, 20 mg</i>                                                     | G         |                                            |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                             | G         | N8 (Listing does not include certain NDCs) |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>              | G         |                                            |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>                            | G         |                                            |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG ( <i>divalproex sodium</i> ) | NF        |                                            |
| DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG ( <i>divalproex sodium</i> )     | NF        |                                            |
| DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG ( <i>divalproex sodium</i> ) | NF        |                                            |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG ( <i>stiripentol</i> )                                  | NF        |                                            |
| DIACOMIT ORAL PACKET 250 MG, 500 MG ( <i>stiripentol</i> )                                   | NF        |                                            |
| <i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)</i>                                 | G         |                                            |
| <i>diazepam oral concentrate 5 mg/ml</i>                                                     | G         |                                            |
| <i>diazepam oral solution 5 mg/5ml</i>                                                       | G         |                                            |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>                                                | G         | N8 (Listing does not include certain NDCs) |
| <i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>                                              | G         |                                            |
| DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG ( <i>phenytoin</i> )                            | NF        |                                            |
| DILANTIN ORAL CAPSULE 100 MG, 30 MG ( <i>phenytoin sodium extended</i> )                     | NF        |                                            |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5ML ( <i>phenytoin</i> )                                 | NF        |                                            |
| <i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>              | G         |                                            |
| <i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>                        | G         | N8 (Listing does not include certain NDCs) |
| <i>divalproex sodium oral tablet delayed release 125 mg, 500 mg</i>                          | G         |                                            |
| <i>divalproex sodium oral tablet delayed release 250 mg</i>                                  | G         | N8 (Listing does not include certain NDCs) |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG ( <i>levetiracetam</i> )    | NF        |                                            |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML ( <i>cannabidiol</i> )                                     | NPSP      |                                            |
| EPRONTIA ORAL SOLUTION 25 MG/ML ( <i>topiramate</i> )                                        | NF        |                                            |

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|----------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>ethosuximide oral capsule 250 mg</i>                                                                              | G         |                                            |
| <i>ethosuximide oral solution 250 mg/5ml</i>                                                                         | G         |                                            |
| <i>felbamate oral suspension 600 mg/5ml</i>                                                                          | G         |                                            |
| <i>felbamate oral tablet 400 mg, 600 mg</i>                                                                          | G         |                                            |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML ( <i>fenfluramine hcl</i> )                                                         | NF        |                                            |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML ( <i>perampanel</i> )                                                              | NPB       |                                            |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>perampanel</i> )                                       | NPB       |                                            |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>                                                                | G         |                                            |
| <i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>                                                               | G         |                                            |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>                                                                         | G         |                                            |
| KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML ( <i>levetiracetam</i> )                                                      | NF        |                                            |
| KEPPRA ORAL SOLUTION 100 MG/ML ( <i>levetiracetam</i> )                                                              | NF        |                                            |
| KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG ( <i>levetiracetam</i> )                                          | NF        |                                            |
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG ( <i>levetiracetam</i> )                               | NF        |                                            |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>clonazepam</i> )                                                        | NPB       |                                            |
| LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG ( <i>lamotrigine</i> )        | NF        |                                            |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG ( <i>lamotrigine</i> )                             | NF        |                                            |
| LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG ( <i>lamotrigine</i> )                                            | NF        |                                            |
| LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG ( <i>lamotrigine</i> )                                                     | NF        |                                            |
| LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG ( <i>lamotrigine</i> )         | NF        |                                            |
| LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG ( <i>lamotrigine</i> )              | NF        |                                            |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG ( <i>lamotrigine</i> ) | NF        |                                            |
| <i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>              | G         | N8 (Listing does not include certain NDCs) |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>                                                         | G         |                                            |
| <i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>                                                                  | G         |                                            |

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|-------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>                               | G         |                                            |
| <i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>                                               | G         |                                            |
| <i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>                              | G         |                                            |
| <i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>                            | G         |                                            |
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>                           | G         |                                            |
| <i>levetiracetam oral solution 100 mg/ml</i>                                                          | G         | N8 (Listing does not include certain NDCs) |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>                                      | G         |                                            |
| <i>levetiracetam oral tablet disintegrating soluble 250 mg, 500 mg</i>                                | G         | N8 (Listing does not include certain NDCs) |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG ( <i>pregabalin</i> ) | NF        |                                            |
| LYRICA ORAL SOLUTION 20 MG/ML ( <i>pregabalin</i> )                                                   | NF        |                                            |
| MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG ( <i>lacosamide</i> )         | NF        |                                            |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML ( <i>midazolam (anticonvulsant)</i> )                              | PB        |                                            |
| NEURONTIN ORAL SOLUTION 250 MG/5ML ( <i>gabapentin</i> )                                              | NPB       |                                            |
| ONFI ORAL SUSPENSION 2.5 MG/ML ( <i>clobazam</i> )                                                    | NF        |                                            |
| ONFI ORAL TABLET 10 MG, 20 MG ( <i>clobazam</i> )                                                     | NF        |                                            |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i>                                                       | G         | N8 (Listing does not include certain NDCs) |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>                                               | G         |                                            |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG ( <i>oxcarbazepine</i> )      | PB        |                                            |
| <i>phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml</i>                                   | G         |                                            |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>      | G         |                                            |
| <i>phenytoin oral suspension 100 mg/4ml</i>                                                           | G         |                                            |
| <i>phenytoin oral tablet chewable 50 mg</i>                                                           | G         |                                            |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>                                  | G         |                                            |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>            | G         |                                            |
| <i>pregabalin oral solution 20 mg/ml</i>                                                              | G         |                                            |
| <i>primidone oral tablet 250 mg</i>                                                                   | G         |                                            |
| <i>primidone oral tablet 50 mg</i>                                                                    | G         | N8 (Listing does not include certain NDCs) |

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| Prescription Drug Name                                                                               | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>levetiracetam</i> (Roweepra Oral Tablet 500 Mg)                                                   | G         |            |
| <i>rufinamide oral suspension 40 mg/ml</i>                                                           | G         |            |
| SABRIL ORAL PACKET 500 MG ( <i>vigabatrin</i> )                                                      | NF        |            |
| SABRIL ORAL TABLET 500 MG ( <i>vigabatrin</i> )                                                      | NF        |            |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG ( <i>levetiracetam</i> )                   | NF        |            |
| <i>lamotrigine</i> (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)                             | G         |            |
| <i>lamotrigine</i> (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)                                  | G         |            |
| <i>lamotrigine</i> (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg)                     | G         |            |
| <i>lamotrigine</i> (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)                   | G         |            |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG ( <i>clobazam</i> )                                            | NF        |            |
| TEGRETOL ORAL SUSPENSION 100 MG/5ML ( <i>carbamazepine</i> )                                         | NF        |            |
| TEGRETOL ORAL TABLET 200 MG ( <i>carbamazepine</i> )                                                 | NF        |            |
| TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG ( <i>carbamazepine</i> )     | NF        |            |
| <i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>                                            | G         |            |
| <i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>           | NF        |            |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>                                                 | G         |            |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                           | G         |            |
| TRILEPTAL ORAL SUSPENSION 300 MG/5ML ( <i>oxcarbazepine</i> )                                        | NF        |            |
| TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG ( <i>oxcarbazepine</i> )                                | NF        |            |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG ( <i>topiramate</i> ) | NPB       |            |
| VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>diazepam</i> )                                             | NPB       |            |
| <i>valproic acid oral capsule 250 mg</i>                                                             | G         |            |
| <i>valproic acid oral solution 250 mg/5ml</i>                                                        | G         |            |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML ( <i>diazepam</i> )                                      | PB        |            |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML ( <i>diazepam</i> )                    | PB        |            |

| Prescription Drug Name                                                                                                             | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML ( <i>diazepam</i> )                                                   | PB        |            |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML ( <i>diazepam</i> )                                                                      | PB        |            |
| <i>vigabatrin oral packet 500 mg</i>                                                                                               | G         |            |
| <i>vigabatrin oral tablet 500 mg</i>                                                                                               | G         |            |
| <i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>                                                                                   | G         |            |
| VIGAFYDE ORAL SOLUTION 100 MG/ML ( <i>vigabatrin</i> )                                                                             | NF        |            |
| VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML ( <i>lacosamide</i> )                                                                      | NF        |            |
| VIMPAT ORAL SOLUTION 10 MG/ML ( <i>lacosamide</i> )                                                                                | NF        |            |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>lacosamide</i> )                                                             | NF        |            |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG ( <i>cenobamate</i> )                                             | PB        |            |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG ( <i>cenobamate</i> )                                             | PB        |            |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG ( <i>cenobamate</i> )                                                      | PB        |            |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG ( <i>cenobamate</i> ) | PB        |            |
| ZARONTIN ORAL SOLUTION 250 MG/5ML ( <i>ethosuximide</i> )                                                                          | NPB       |            |
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG ( <i>zonisamide</i> )                                                                          | NF        |            |
| ZONISADE ORAL SUSPENSION 100 MG/5ML ( <i>zonisamide</i> )                                                                          | NF        |            |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>                                                                                | G         |            |
| ZTALMY ORAL SUSPENSION 50 MG/ML ( <i>ganaxolone</i> )                                                                              | NF        |            |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD</b>                                                              |           |            |
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG ( <i>amphetamine-dextroamphetamine</i> )                    | NF        |            |
| ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG ( <i>amphetamine-dextroamphetamine</i> ) | NF        |            |
| ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG ( <i>amphetamine</i> )   | NF        |            |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                                                 | G         |            |

| Prescription Drug Name                                                                                                                   | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>                       | G         |            |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>                                       | G         |            |
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG ( <i>methylphenidate hcl</i> )         | NF        |            |
| <i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>                                                     | G         |            |
| AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG ( <i>serdexmethylphen-dexmethylphen</i> )                                   | PB        |            |
| <i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>                                                                      | G         |            |
| CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG ( <i>methylphenidate hcl</i> )                                          | NF        |            |
| COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG ( <i>methylphenidate</i> )                             | NF        |            |
| DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR ( <i>methylphenidate</i> )                                         | NF        |            |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>             | G         |            |
| <i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                                            | G         |            |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>                                             | G         |            |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>                                                                                  | G         |            |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                                                 | G         |            |
| DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML ( <i>amphetamine</i> )                                                            | NF        |            |
| DYANAVEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG ( <i>amphetamine</i> )                                                | NF        |            |
| EVEKEO ORAL TABLET 10 MG, 5 MG ( <i>amphetamine sulfate</i> )                                                                            | NF        |            |
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG ( <i>dexmethylphenidate hcl</i> ) | NF        |            |
| <i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>                                                     | G         |            |
| INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG ( <i>guanfacine hcl</i> )                                            | NF        |            |

| Prescription Drug Name                                                                                       | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------|-----------|------------|
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG<br>(methylphenidate hcl)  | NF        |            |
| lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg                     | G         |            |
| lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg                    | G         |            |
| methamphetamine hcl oral tablet 5 mg                                                                         | G         |            |
| methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg           | G         |            |
| methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg          | G         |            |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg                  | G         |            |
| methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg                                       | NF        |            |
| methylphenidate hcl er oral tablet extended release 10 mg, 20 mg                                             | G         |            |
| methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg                       | G         |            |
| methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml                                                        | G         |            |
| methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg                                                           | G         |            |
| methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg                                                 | G         |            |
| MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (amphetamine-dextroamphetamine) | NF        |            |
| ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML (clonidine hcl)                                          | NF        |            |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (viloxazine hcl)                        | PB        |            |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (methylphenidate hcl)                | NF        |            |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (methylphenidate hcl)                               | NF        |            |
| RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG (methylphenidate hcl)         | NF        |            |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine dimesylate)           | NF        |            |
| VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine dimesylate)          | NF        |            |

| Prescription Drug Name                                                                                  | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------|-----------|------------|
| XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR ( <i>dextroamphetamine</i> )    | NF        |            |
| <i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 10 Mg, 15 Mg, 2.5 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg) | G         |            |
| <b>BOTULINUM TOXINS</b>                                                                                 |           |            |
| BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT ( <i>onabotulinumtoxinA</i> )                 | NF        |            |
| DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT ( <i>daxibotulinumtoxinA-lanm</i> )               | PSP       |            |
| DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT ( <i>abobotulinumtoxinA</i> )           | PSP       |            |
| XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT ( <i>incobotulinumtoxinA</i> )  | PSP       |            |
| <b>FIBROMYALGIA</b>                                                                                     |           |            |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG ( <i>milnacipran hcl</i> )                            | NPB       |            |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG ( <i>milnacipran hcl</i> )                                | NPB       |            |
| <b>HYPNOTICS - DRUGS TO TREAT INSOMNIA</b>                                                              |           |            |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG ( <i>suvorexant</i> )                                    | PB        |            |
| DAYVIGO ORAL TABLET 10 MG, 5 MG ( <i>lemborexant</i> )                                                  | NF        |            |
| <i>doxepin hcl oral tablet 3 mg, 6 mg</i>                                                               | G         |            |
| EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG ( <i>zolpidem tartrate</i> )                            | NF        |            |
| <i>estazolam oral tablet 1 mg, 2 mg</i>                                                                 | G         |            |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>                                                         | G         |            |
| <i>flurazepam hcl oral capsule 15 mg, 30 mg</i>                                                         | NF        |            |
| HALCION ORAL TABLET 0.25 MG ( <i>triazolam</i> )                                                        | NPB       |            |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML ( <i>tasimelteon</i> )                                               | NPSP      |            |
| HETLIOZ ORAL CAPSULE 20 MG ( <i>tasimelteon</i> )                                                       | NPSP      |            |
| LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG ( <i>eszopiclone</i> )                                             | NF        |            |
| <i>midazolam hcl oral syrup 2 mg/ml</i>                                                                 | G         |            |
| MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML ( <i>midazolam</i> )                                      | NF        |            |
| <i>quazepam oral tablet 15 mg</i>                                                                       | NF        |            |
| QUVIVIQ ORAL TABLET 25 MG, 50 MG ( <i>daridorexant hcl</i> )                                            | PB        |            |
| <i>ramelteon oral tablet 8 mg</i>                                                                       | G         |            |

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| Prescription Drug Name                                                                                | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| ROZEREM ORAL TABLET 8 MG ( <i>ramelteon</i> )                                                         | NF        |                                            |
| SILENOR ORAL TABLET 3 MG, 6 MG ( <i>doxepin hcl</i> )                                                 | NF        |                                            |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>                                           | G         |                                            |
| <i>triazolam oral tablet 0.125 mg, 0.25 mg</i>                                                        | G         |                                            |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>                                                              | G         |                                            |
| <i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>                             | G         |                                            |
| <i>zolpidem tartrate oral capsule 7.5 mg</i>                                                          | NF        |                                            |
| <i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>                                                      | G         | N8 (Listing does not include certain NDCs) |
| <i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>                                 | NF        |                                            |
| <b>MIGRAINE - ERGOTAMINE DERIVATIVES - DRUGS TO TREAT SEVERE HEADACHES</b>                            |           |                                            |
| <i>dihydroergotamine mesylate injection solution 1 mg/ml</i>                                          | G         |                                            |
| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>                                              | NF        |                                            |
| ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG ( <i>ergotamine tartrate</i> )                              | NPB       |                                            |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i>                                                       | NF        |                                            |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG ( <i>ergotamine-caffeine</i> )                                   | NF        |                                            |
| TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT ( <i>dihydroergotamine mesylate hfa</i> )                | NF        |                                            |
| <b>MIGRAINE - MISCELLANEOUS - DRUGS TO TREAT SEVERE HEADACHES</b>                                     |           |                                            |
| NURTEC ORAL TABLET DISPERSIBLE 75 MG ( <i>rimegepant sulfate</i> )                                    | PB        |                                            |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG ( <i>atogepant</i> )                                          | PB        |                                            |
| UBRELVY ORAL TABLET 100 MG, 50 MG ( <i>ubrogepant</i> )                                               | PB        |                                            |
| ZAVZPRET NASAL SOLUTION 10 MG/ACT ( <i>zavegepant hcl</i> )                                           | NF        |                                            |
| <b>MIGRAINE - MONOCLONAL ANTIBODIES - DRUGS TO TREAT SEVERE HEADACHES</b>                             |           |                                            |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML ( <i>erenumab-aooe</i> )              | NF        |                                            |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )                   | PB        |                                            |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )               | PB        |                                            |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> ) | PB        |                                            |

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|---------------------------------------------------------------------------------------------------|-----------|------------|
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML ( <i>galcanezumab-gnlm</i> )               | PB        |            |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>galcanezumab-gnlm</i> )           | PB        |            |
| <b>MIGRAINE - TRIPTANS AND COMBINATIONS - DRUGS TO TREAT SEVERE HEADACHES</b>                     |           |            |
| <i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>                                            | G         |            |
| <i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>                                           | G         |            |
| <i>frovatriptan succinate oral tablet 2.5 mg</i>                                                  | G         |            |
| MAXALT ORAL TABLET 10 MG ( <i>rizatriptan benzoate</i> )                                          | NF        |            |
| MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG ( <i>rizatriptan benzoate</i> )                          | NF        |            |
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>                                                   | G         |            |
| ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC ( <i>sumatriptan succinate</i> )                  | NF        |            |
| <i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>                                               | G         |            |
| <i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>                                   | G         |            |
| <i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>                                             | G         |            |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>                                     | G         |            |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>                                     | G         |            |
| <i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>                       | G         |            |
| <i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>                                          | NF        |            |
| SYMBRAVO ORAL TABLET 20-10 MG ( <i>meloxicam-rizatriptan</i> )                                    | NF        |            |
| TOSYMRA NASAL SOLUTION 10 MG/ACT ( <i>sumatriptan</i> )                                           | PB        |            |
| TREXIMET ORAL TABLET 85-500 MG ( <i>sumatriptan-naproxen sodium</i> )                             | NF        |            |
| ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML ( <i>sumatriptan succinate</i> ) | PB        |            |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>                                                      | G         |            |
| <i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>                                          | G         |            |
| ZOMIG NASAL SOLUTION 5 MG ( <i>zolmitriptan</i> )                                                 | NPB       |            |
| <i>zolmitriptan (Zomig Oral Tablet 2.5 Mg, 5 Mg)</i>                                              | NF        |            |
| <b>MISCELLANEOUS</b>                                                                              |           |            |
| DAYBUE ORAL SOLUTION 200 MG/ML ( <i>trofinetide</i> )                                             | NPSP      |            |
| DAYBUE STIX ORAL PACKET 5000 MG, 6000 MG, 8000 MG ( <i>trofinetide</i> )                          | NPB       |            |

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|-----------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>satralizumab-mwge</i> )                                           | PSP       |            |
| EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML ( <i>risdiplam</i> )                                                               | NPSP      |            |
| EVRYSDI ORAL TABLET 5 MG ( <i>risdiplam</i> )                                                                                     | NPSP      |            |
| FIRDAPSE ORAL TABLET 10 MG ( <i>amifampridine phosphate</i> )                                                                     | NPSP      |            |
| SKYCLARYS ORAL CAPSULE 50 MG ( <i>omaveloxolone</i> )                                                                             | NPSP      |            |
| ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML ( <i>zilucoplan sodium</i> )      | NF        |            |
| <b>MOOD STABILIZERS - DRUGS TO TREAT MOOD DISORDERS</b>                                                                           |           |            |
| <i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>                                                           | G         |            |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                                                                      | G         |            |
| <i>lithium carbonate oral tablet 300 mg</i>                                                                                       | G         |            |
| LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG ( <i>lithium carbonate</i> )                                                         | NPB       |            |
| <b>MOVEMENT DISORDERS</b>                                                                                                         |           |            |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG ( <i>deutetrabenazine</i> )                                                                 | PSP       |            |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG ( <i>deutetrabenazine</i> ) | NF        |            |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG ( <i>deutetrabenazine</i> )           | NF        |            |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG ( <i>valbenazine tosylate</i> )                                                         | PSP       |            |
| INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG ( <i>valbenazine tosylate</i> )                                                | PSP       |            |
| INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG ( <i>valbenazine tosylate</i> )                                                     | PSP       |            |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>                                                                                   | G         |            |
| XENAZINE ORAL TABLET 12.5 MG, 25 MG ( <i>tetrabenazine</i> )                                                                      | NF        |            |
| <b>MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS</b>                                                              |           |            |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG ( <i>dalfampridine</i> )                                                        | NPSP      |            |
| AUBAGIO ORAL TABLET 14 MG, 7 MG ( <i>teriflunomide</i> )                                                                          | NF        |            |

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| Prescription Drug Name                                                                           | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )            | PSP       |                                            |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )  | PSP       |                                            |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG ( <i>monomethyl fumarate</i> )                      | PSP       |                                            |
| BETASERON SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )                                  | PSP       |                                            |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML ( <i>glatiramer acetate</i> )          | NF        |                                            |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML ( <i>glatiramer acetate</i> )          | PSP       |                                            |
| <i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>                               | G         |                                            |
| <i>dimethyl fumarate oral capsule delayed release 120 mg</i>                                     | G         | N8 (Listing does not include certain NDCs) |
| <i>dimethyl fumarate oral capsule delayed release 240 mg</i>                                     | G         |                                            |
| <i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i> | G         |                                            |
| GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG ( <i>fingolimod hcl</i> )                                   | NF        |                                            |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>             | G         |                                            |
| <i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML, 40 Mg/ML)   | G         |                                            |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML ( <i>ofatumumab</i> )                   | PSP       |                                            |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                         | NPSP      |                                            |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                          | NPSP      |                                            |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                          | NPSP      |                                            |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                          | NPSP      |                                            |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                          | NPSP      |                                            |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                          | NPSP      |                                            |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                          | NPSP      |                                            |

| Prescription Drug Name                                                                                           | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------|-----------|------------|
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG ( <i>siponimod fumarate</i> )                                            | PSP       |            |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG ( <i>siponimod fumarate</i> )            | PSP       |            |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )                 | NPSP      |            |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )     | NPSP      |            |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> ) | NPSP      |            |
| PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )                      | NPSP      |            |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )                  | NPSP      |            |
| PONVORY ORAL TABLET 20 MG ( <i>ponesimod</i> )                                                                   | NPSP      |            |
| PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ( <i>ponesimod</i> )                       | NPSP      |            |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )      | PSP       |            |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> ) | PSP       |            |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )           | PSP       |            |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )      | PSP       |            |
| TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG ( <i>fingolimod lauryl sulfate</i> )                        | NF        |            |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG ( <i>dimethyl fumarate</i> )                               | NF        |            |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG ( <i>dimethyl fumarate</i> )                    | NF        |            |
| TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML ( <i>natalizumab</i> )                                               | PSP       |            |
| VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG ( <i>diroximel fumarate</i> )                                       | NF        |            |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ( <i>ozanimod hcl</i> )             | PSP       |            |

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|--------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| ZEPOSIA ORAL CAPSULE 0.92 MG ( <i>ozanimod hcl</i> )                                             | PSP       |                                            |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) ( <i>ozanimod hcl</i> ) | PSP       |                                            |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                                                            |           |                                            |
| AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG ( <i>cyclobenzaprine hcl</i> )          | NF        |                                            |
| <i>baclofen oral suspension 25 mg/5ml</i>                                                        | NF        |                                            |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>                                                   | G         | N8 (Listing does not include certain NDCs) |
| <i>carisoprodol oral tablet 250 mg</i>                                                           | NF        |                                            |
| <i>carisoprodol oral tablet 350 mg</i>                                                           | G         | N8 (Listing does not include certain NDCs) |
| <i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>                                  | NF        |                                            |
| <i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>                 | NF        |                                            |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>                                               | G         |                                            |
| <i>cyclobenzaprine hcl oral tablet 7.5 mg</i>                                                    | NF        |                                            |
| DANTRIUM ORAL CAPSULE 25 MG ( <i>dantrolene sodium</i> )                                         | NPB       |                                            |
| <i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>                                       | G         |                                            |
| DUVYZAT ORAL SUSPENSION 8.86 MG/ML ( <i>givinostat hcl</i> )                                     | NF        |                                            |
| <i>cyclobenzaprine hcl</i> (Fexmid Oral Tablet 7.5 Mg)                                           | NF        |                                            |
| FLEQSUVY ORAL SUSPENSION 25 MG/5ML ( <i>baclofen</i> )                                           | NF        |                                            |
| <i>metaxalone oral tablet 400 mg</i>                                                             | NF        |                                            |
| <i>metaxalone oral tablet 800 mg</i>                                                             | G         |                                            |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>                                                  | NF        |                                            |
| <i>norgesic forte oral tablet 50-770-60 mg</i>                                                   | NF        |                                            |
| <i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>                       | G         |                                            |
| <i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>                                    | NF        |                                            |
| ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG ( <i>orphenadrine-aspirin-caffeine</i> )              | NF        |                                            |
| OZOBAX DS ORAL SOLUTION 10 MG/5ML ( <i>baclofen</i> )                                            | NF        |                                            |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG ( <i>palovarotene</i> )                   | NF        |                                            |
| <i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>                                              | G         |                                            |
| <i>tizanidine hcl oral tablet 2 mg, 4 mg</i>                                                     | G         |                                            |
| ZANAFLEX ORAL CAPSULE 8 MG ( <i>tizanidine hcl</i> )                                             | NPB       |                                            |

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|------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| ZANAFLEX ORAL TABLET 4 MG ( <i>tizanidine hcl</i> )                                                                    | NPB       |                                            |
| <b>MYASTHENIA GRAVIS - DRUGS TO TREAT MYASTHENIA GRAVIS</b>                                                            |           |                                            |
| MESTINON ORAL SOLUTION 60 MG/5ML ( <i>pyridostigmine bromide</i> )                                                     | NPB       |                                            |
| MESTINON ORAL TABLET 60 MG ( <i>pyridostigmine bromide</i> )                                                           | NPB       |                                            |
| <i>pyridostigmine bromide er oral tablet extended release 180 mg</i>                                                   | G         |                                            |
| <i>pyridostigmine bromide oral solution 60 mg/5ml</i>                                                                  | G         |                                            |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                                                                        | G         |                                            |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML ( <i>efgartigimod alfa-hyalur-qvfc</i> ) | PSP       |                                            |
| <b>NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS</b>                                                                |           |                                            |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>                                                           | G         |                                            |
| LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM ( <i>sodium oxybate</i> )                                                | PSP       |                                            |
| LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM ( <i>sodium oxybate</i> )                                       | PSP       |                                            |
| <i>modafinil oral tablet 100 mg, 200 mg</i>                                                                            | G         |                                            |
| NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG ( <i>armodafinil</i> )                                               | NF        |                                            |
| PROVIGIL ORAL TABLET 100 MG, 200 MG ( <i>modafinil</i> )                                                               | NF        |                                            |
| <i>sodium oxybate oral solution 500 mg/ml</i>                                                                          | G         | N8 (Listing does not include certain NDCs) |
| SUNOSI ORAL TABLET 150 MG, 75 MG ( <i>solriamfetol hcl</i> )                                                           | PB        |                                            |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG ( <i>pitolisant hcl</i> )                                                           | PSP       |                                            |
| XYREM ORAL SOLUTION 500 MG/ML ( <i>sodium oxybate</i> )                                                                | NF        |                                            |
| XYWAV ORAL SOLUTION 500 MG/ML ( <i>ca, mg, k, and na oxybates</i> )                                                    | PSP       |                                            |
| <b>OPIOID AGONIST/ANTAGONIST</b>                                                                                       |           |                                            |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>                                | G         |                                            |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>                                    | G         |                                            |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG ( <i>buprenorphine hcl-naloxone hcl</i> )                   | NF        |                                            |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG ( <i>buprenorphine hcl-naloxone hcl</i> ) | PB        |                                            |
| <b>OPIOID ANTAGONIST</b>                                                                                                                                  |           |                                            |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML ( <i>naloxone hcl</i> )                                                                                                  | NPB       |                                            |
| <i>nalmefene hcl injection solution 1 mg/ml</i>                                                                                                           | NF        |                                            |
| <i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>                                                                                               | G         |                                            |
| <i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>                                                                                                | G         |                                            |
| <i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>                                                                                         | G         |                                            |
| <i>naloxone hcl nasal liquid 4 mg/0.1ml</i>                                                                                                               | G         |                                            |
| <i>naltrexone hcl oral tablet 50 mg</i>                                                                                                                   | G         | N8 (Listing does not include certain NDCs) |
| NARCAN NASAL LIQUID 4 MG/0.1ML ( <i>naloxone hcl</i> )                                                                                                    | NPB       |                                            |
| OPVEE NASAL SOLUTION 2.7 MG/0.1ML ( <i>nalmefene hcl</i> )                                                                                                | NF        |                                            |
| REXTOVY NASAL LIQUID 4 MG/0.25ML ( <i>naloxone hcl</i> )                                                                                                  | NF        |                                            |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG ( <i>naltrexone</i> )                                                                              | NPSP      |                                            |
| <b>OPIOID PARTIAL AGONISTS</b>                                                                                                                            |           |                                            |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>                                                                                          | G         |                                            |
| <b>POSTHERPETIC NEURALGIA (PHN)</b>                                                                                                                       |           |                                            |
| GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750 MG, 900 MG ( <i>gabapentin (once-daily)</i> )                                                             | PB        |                                            |
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG ( <i>gabapentin enacarbil</i> )                                                                      | NF        |                                            |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG ( <i>pregabalin</i> )                                                              | NF        |                                            |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                                                                                                                             |           |                                            |
| <i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>                                                                                     | G         |                                            |
| <i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>                                                                                                     | NF        |                                            |
| LUCEMYRA ORAL TABLET 0.18 MG ( <i>lofexidine hcl</i> )                                                                                                    | NF        |                                            |
| NUEDEXTA ORAL CAPSULE 20-10 MG ( <i>dextromethorphan-quinidine</i> )                                                                                      | NF        |                                            |
| <i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>                                                               | G         |                                            |
| <i>paroxetine mesylate oral capsule 7.5 mg</i>                                                                                                            | NF        |                                            |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>                                                                 | G         |                                            |
| <i>pimozide oral tablet 1 mg, 2 mg</i>                                                                                                                    | G         |                                            |

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|--------------------------------------------------------------------------------------------|-----------|------------|
| VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML ( <i>bremelanotide acetate</i> ) | NF        |            |
| <b>SMOKING DETERRENTS</b>                                                                  |           |            |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>          | CE        |            |
| <i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>                                            | CE        |            |
| <i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                                 | CE        |            |
| <i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                             | CE        |            |
| <i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>            | CE        |            |
| <i>eq nicotine mouth/throat lozenge 4 mg</i>                                               | CE        |            |
| <i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                                  | CE        |            |
| <i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                              | CE        |            |
| <i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>                              | CE        |            |
| <i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>                        | CE        |            |
| <i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>                                    | CE        |            |
| <i>ft nicotine mouth/throat gum 2 mg, 4 mg</i>                                             | CE        |            |
| <i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>                                         | CE        |            |
| <i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>             | CE        |            |
| <i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>                                   | CE        |            |
| <i>gnp nicotine mouth/throat gum 4 mg</i>                                                  | CE        |            |
| <i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                                 | CE        |            |
| <i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                             | CE        |            |
| <i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>                        | CE        |            |
| <i>goodsense nicotine mouth/throat gum 4 mg</i>                                            | CE        |            |
| <i>goodsense nicotine mouth/throat lozenge 4 mg</i>                                        | CE        |            |
| HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR ( <i>nicotine</i> )                          | CE        |            |
| KLS QUIT2 MOUTH/THROAT GUM 2 MG ( <i>nicotine polacrilex</i> )                             | CE        |            |
| KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG ( <i>nicotine polacrilex</i> )                         | CE        |            |
| KLS QUIT4 MOUTH/THROAT GUM 4 MG ( <i>nicotine polacrilex</i> )                             | CE        |            |
| KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG ( <i>nicotine polacrilex</i> )                         | CE        |            |

| Prescription Drug Name                                                                                  | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------|-----------|------------|
| NICORELIEF MOUTH/THROAT GUM 2 MG ( <i>nicotine polacrilex</i> )                                         | CE        |            |
| <i>nicotine mini mouth/throat lozenge 2 mg</i>                                                          | CE        |            |
| <i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>                                               | CE        |            |
| <i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                                                  | CE        |            |
| <i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                                              | CE        |            |
| <i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>                                             | CE        |            |
| <i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>                                             | CE        |            |
| <i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>                                              | CE        |            |
| <i>nicotine transdermal kit 21-14-7 mg/24hr</i>                                                         | CE        |            |
| <i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>                                        | CE        |            |
| NICOTROL NS NASAL SOLUTION 10 MG/ML ( <i>nicotine</i> )                                                 | CE        |            |
| <i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>                  | CE        |            |
| <i>sm nicotine mouth/throat gum 4 mg</i>                                                                | CE        |            |
| <i>sm nicotine mouth/throat lozenge 2 mg</i>                                                            | CE        |            |
| <i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>                                                 | CE        |            |
| THRIVE MOUTH/THROAT GUM 2 MG ( <i>nicotine polacrilex</i> )                                             | CE        |            |
| <i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>              | CE        |            |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>                                                    | CE        |            |
| <b>ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES</b>                          |           |            |
| <b>ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH</b>                               |           |            |
| BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML ( <i>octreotide acetate</i> )               | NF        |            |
| <i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>                                            | NF        |            |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG ( <i>octreotide acetate</i> )                               | NF        |            |
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | G         |            |
| <i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>     | G         |            |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML ( <i>octreotide acetate</i> )          | NPSP      |            |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG ( <i>octreotide acetate</i> )               | NF        |            |

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|--------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML ( <i>lanreotide acetate</i> )  | PSP       |                                            |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>pegvisomant</i> )        | NF        |                                            |
| <b>ANDROGENS - DRUGS TO REGULATE MALE HORMONES</b>                                                           |           |                                            |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) ( <i>testosterone</i> )                                   | NF        |                                            |
| AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML ( <i>testosterone cypionate</i> )                  | NF        |                                            |
| <i>testosterone cypionate</i> (Depo-Testosterone Intramuscular Solution 100 Mg/ML, 200 Mg/ML)                | NPB       |                                            |
| <i>ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %</i>                                         | NF        |                                            |
| JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG ( <i>testosterone undecanoate</i> )                              | NF        |                                            |
| KYZATREX ORAL CAPSULE 150 MG, 200 MG ( <i>testosterone undecanoate</i> )                                     | NF        |                                            |
| <i>methitest oral tablet 10 mg</i>                                                                           | G         |                                            |
| <i>methyltestosterone oral capsule 10 mg</i>                                                                 | G         |                                            |
| NATESTO NASAL GEL 5.5 MG/ACT ( <i>testosterone</i> )                                                         | PB        |                                            |
| TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) ( <i>testosterone</i> )                                                | NF        |                                            |
| TESTOPEL IMPLANT PELLETT 75 MG ( <i>testosterone</i> )                                                       | NPB       |                                            |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>                                    | G         |                                            |
| <i>testosterone enanthate intramuscular solution 200 mg/ml</i>                                               | G         |                                            |
| <i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i> | G         |                                            |
| <i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>                                         | G         | N8 (Listing does not include certain NDCs) |
| <i>testosterone transdermal solution 30 mg/act</i>                                                           | G         |                                            |
| TLANDO ORAL CAPSULE 112.5 MG ( <i>testosterone undecanoate</i> )                                             | NF        |                                            |
| VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) ( <i>testosterone</i> )                                        | NF        |                                            |
| VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) ( <i>testosterone</i> )                                               | NF        |                                            |

| Prescription Drug Name                                                                                                       | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML ( <i>testosterone enanthate</i> )         | NF        |                                            |
| <b>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</b>                                                                           |           |                                            |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>                                                                             | G         | N8 (Listing does not include certain NDCs) |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>                                                                             | G         |                                            |
| <b>ANTIDIABETICS, BIGUANIDE</b>                                                                                              |           |                                            |
| <i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>                                           | NF        |                                            |
| <i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>                                           | NF        |                                            |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>                                                  | G         |                                            |
| <i>metformin hcl oral solution 500 mg/5ml</i>                                                                                | G         |                                            |
| <i>metformin hcl oral tablet 1000 mg, 500 mg</i>                                                                             | G         |                                            |
| <i>metformin hcl oral tablet 625 mg</i>                                                                                      | NF        |                                            |
| <i>metformin hcl oral tablet 850 mg</i>                                                                                      | CE        |                                            |
| RIOMET ORAL SOLUTION 500 MG/5ML ( <i>metformin hcl</i> )                                                                     | NF        |                                            |
| <b>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</b>                                                                   |           |                                            |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>                                                  | G         | N8 (Listing does not include certain NDCs) |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>                                                     | G         |                                            |
| <b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS</b>                                                  |           |                                            |
| <i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>                                                        | NF        |                                            |
| <i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>                                          | NF        |                                            |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG ( <i>sitagliptin phos-metformin hcl</i> )                                          | NF        |                                            |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG ( <i>sitagliptin phos-metformin hcl</i> ) | NF        |                                            |
| JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG ( <i>linagliptin-metformin hcl</i> )                              | NF        |                                            |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG ( <i>linagliptin-metformin hcl</i> )               | NF        |                                            |

| Prescription Drug Name                                                                                                                                    | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>sitagliptin base-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>                                                                                   | NF        |            |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG ( <i>empagliflozin-linagliptin-metform</i> ) | PB        |            |
| ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG ( <i>sitagliptin base-metformin hcl</i> )                                                                     | PB        |            |
| ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG ( <i>sitagliptin base-metformin hcl</i> )                            | PB        |            |
| <b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>                                                                                           |           |            |
| <i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>                                                                                            | NF        |            |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sitagliptin phosphate</i> )                                                                                 | NF        |            |
| ONGLYZA ORAL TABLET 5 MG ( <i>saxagliptin hcl</i> )                                                                                                       | NF        |            |
| <i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>                                                                                                       | NF        |            |
| TRADJENTA ORAL TABLET 5 MG ( <i>linagliptin</i> )                                                                                                         | NF        |            |
| ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sitagliptin</i> )                                                                                           | PB        |            |
| <b>ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS</b>                                                                                                          |           |            |
| CYCLOSET ORAL TABLET 0.8 MG ( <i>bromocriptine mesylate</i> )                                                                                             | NPB       |            |
| <b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>                                                                                                             |           |            |
| <i>exenatide subcutaneous solution pen-injector 10 mcg/0.04ml, 5 mcg/0.02ml</i>                                                                           | NF        |            |
| <i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>                                                                                           | G         |            |
| MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML ( <i>tirzepatide</i> )       | PB        |            |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML ( <i>semaglutide</i> )                                                          | PB        |            |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML ( <i>semaglutide</i> )                                                                    | PB        |            |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML ( <i>semaglutide</i> )                                                                    | PB        |            |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG ( <i>semaglutide</i> )                                                                                             | PB        |            |
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML ( <i>dulaglutide</i> )                                | PB        |            |

| Prescription Drug Name                                                                                                                                          | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide</i> )                                                                                     | NF        |            |
| <b>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</b>                                                                                                       |           |            |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML ( <i>insulin glargine-lixisenatide</i> )                                                           | PB        |            |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML ( <i>insulin degludec-liraglutide</i> )                                                          | PB        |            |
| <b>ANTIDIABETICS, INSULIN</b>                                                                                                                                   |           |            |
| ADMELOG INJECTION SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )                                                                                                | NF        |            |
| ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin lispro</i> )                                                                       | NF        |            |
| AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT ( <i>insulin regular human</i> ) | NF        |            |
| APIDRA INJECTION SOLUTION 100 UNIT/ML ( <i>insulin glulisine</i> )                                                                                              | NF        |            |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glulisine</i> )                                                                     | NF        |            |
| BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )                                                                     | PB        |            |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )                                                        | PB        |            |
| FIASP INJECTION SOLUTION 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )                                                                                  | PB        |            |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )                                                             | PB        |            |
| FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )                                                            | NF        |            |
| HUMALOG INJECTION SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )                                                                                                | NF        |            |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin lispro</i> )                                                                 | NF        |            |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin lispro</i> )                                                           | NF        |            |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )                                  | NF        |            |

| Prescription Drug Name                                                                                                         | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> ) | NF        |            |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )                      | NF        |            |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin lispro</i> )                                                  | NF        |            |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )   | NF        |            |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )                        | NF        |            |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )                     | NF        |            |
| HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )                                          | NF        |            |
| HUMULIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )                                                      | NF        |            |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML ( <i>insulin regular human</i> )                        | PB        |            |
| <i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>                                                   | NF        |            |
| <i>insulin aspart injection solution 100 unit/ml</i>                                                                           | NF        |            |
| <i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>                                                      | NF        |            |
| <i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i>                                  | NF        |            |
| <i>insulin degludec subcutaneous solution 100 unit/ml</i>                                                                      | NF        |            |
| <i>insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml</i>                                            | NF        |            |
| <i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>                                                | NF        |            |
| <i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>                                                                 | NF        |            |
| <i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>                                                    | NF        |            |
| <i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>                                             | NF        |            |
| <i>insulin lispro injection solution 100 unit/ml</i>                                                                           | NF        |            |
| <i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>                                            | NF        |            |

2026 Pharmacy Drug Guide - Standard Control Choice Plan

The formulary is updated the first week of each month  
03/01/2026

| Prescription Drug Name                                                                                                              | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )                                          | NF        |            |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine</i> )                                                                | NF        |            |
| LYUMJEV INJECTION SOLUTION 100 UNIT/ML ( <i>insulin lispro-aabc</i> )                                                               | NF        |            |
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin lispro-aabc</i> )                          | NF        |            |
| MERILOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart-szjj</i> )                                      | NF        |            |
| MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin aspart-szjj</i> )                                                            | NF        |            |
| MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% ( <i>insulin regular(human) in nacl</i> )                                         | NF        |            |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> ) | NF        |            |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )        | PB        |            |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )                      | NF        |            |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )                             | PB        |            |
| NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )                   | NF        |            |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )                          | PB        |            |
| NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )                                        | NF        |            |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )                                               | PB        |            |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin regular human</i> )                                      | PB        |            |
| NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin regular human</i> )                               | NF        |            |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )                                                           | PB        |            |
| NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )                                                    | NF        |            |

2026 Pharmacy Drug Guide - Standard Control Choice Plan

The formulary is updated the first week of each month  
03/01/2026

| Prescription Drug Name                                                                                                            | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> ) | NF        |            |
| NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart</i> )                                   | NF        |            |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart</i> )                                          | PB        |            |
| NOVOLOG INJECTION SOLUTION 100 UNIT/ML ( <i>insulin aspart</i> )                                                                  | PB        |            |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )    | PB        |            |
| NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )                  | NF        |            |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )                         | PB        |            |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart</i> )                                             | PB        |            |
| NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML ( <i>insulin aspart</i> )                                                           | NF        |            |
| REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine-aglr</i> )                                 | NF        |            |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine-yfgn</i> )                                                 | NF        |            |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine-yfgn</i> )                                    | NF        |            |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML ( <i>insulin glargine</i> )                                    | PB        |            |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML ( <i>insulin glargine</i> )                                        | PB        |            |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin degludec</i> )                         | NF        |            |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin degludec</i> )                                                             | NF        |            |
| <b>ANTIDIABETICS, INSULIN SENSITIZER</b>                                                                                          |           |            |
| ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>pioglitazone hcl</i> )                                                                 | NF        |            |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>                                                                           | G         |            |

| Prescription Drug Name                                                                                                                         | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>                                                                                 |           |            |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>                                                                         | G         |            |
| <b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</b>                                                                              |           |            |
| <i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>                                                                               | G         |            |
| <b>ANTIDIABETICS, MEGLITINIDE</b>                                                                                                              |           |            |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>                                                                                                   | G         |            |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                              | G         |            |
| <b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS</b>                                                            |           |            |
| <i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg</i>                                               | NF        |            |
| INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG ( <i>canagliflozin-metformin hcl</i> )                                    | NF        |            |
| INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG ( <i>canagliflozin-metformin hcl</i> )        | NF        |            |
| SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG ( <i>ertugliflozin-metformin hcl</i> )                                 | NF        |            |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG ( <i>empagliflozin-metformin hcl</i> )                                     | PB        |            |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG ( <i>empagliflozin-metformin hcl</i> )        | PB        |            |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG ( <i>dapagliflozin prop-metformin</i> ) | PB        |            |
| <b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS</b>                                            |           |            |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG ( <i>empagliflozin-linagliptin</i> )                                                                     | PB        |            |
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG ( <i>ertugliflozin-sitagliptin</i> )                                                                 | NF        |            |
| <b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b>                                                                        |           |            |
| <i>bexagliflozin oral tablet 20 mg</i>                                                                                                         | NF        |            |
| BRENZAVVY ORAL TABLET 20 MG ( <i>bexagliflozin</i> )                                                                                           | NF        |            |

| Prescription Drug Name                                                                                                                                    | Drug Tier | Drug Notes                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>                                                                                                  | NF        |                                            |
| FARXIGA ORAL TABLET 10 MG, 5 MG ( <i>dapagliflozin propanediol</i> )                                                                                      | PB        |                                            |
| INVOKANA ORAL TABLET 100 MG, 300 MG ( <i>canagliflozin</i> )                                                                                              | NF        |                                            |
| JARDIANCE ORAL TABLET 10 MG, 25 MG ( <i>empagliflozin</i> )                                                                                               | PB        |                                            |
| STEGLATRO ORAL TABLET 15 MG, 5 MG ( <i>ertugliflozin l-pyrogutamicac</i> )                                                                                | NF        |                                            |
| <b>ANTIDIABETICS, SULFONYLUREA</b>                                                                                                                        |           |                                            |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                                                                                                           | G         |                                            |
| <i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>                                                                              | G         |                                            |
| <i>glipizide oral tablet 10 mg, 5 mg</i>                                                                                                                  | G         |                                            |
| <i>glipizide oral tablet 2.5 mg</i>                                                                                                                       | NF        |                                            |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>                                                                                                | G         |                                            |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                                                                                                        | G         | N8 (Listing does not include certain NDCs) |
| <b>ANTI OBESITY</b>                                                                                                                                       |           |                                            |
| CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG ( <i>naltrexone-bupropion hcl</i> )                                                                 | NF        |                                            |
| <i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>                                                                                   | G         | N8 (Listing does not include certain NDCs) |
| <i>phentermine hcl</i> (Lomaira Oral Tablet 8 Mg)                                                                                                         | G         |                                            |
| <i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>                                                                           | NF        |                                            |
| PLENITY ORAL CAPSULE ( <i>cellulose-citric acid</i> )                                                                                                     | NF        |                                            |
| PLENITY WELCOME KIT ORAL CAPSULE ( <i>cellulose-citric acid</i> )                                                                                         | NF        |                                            |
| QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG ( <i>phentermine-topiramate</i> )                               | PB        |                                            |
| SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide -weight management</i> )                                                            | PB        |                                            |
| WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG ( <i>semaglutide-weight management</i> )                                                                     | PB        |                                            |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML ( <i>semaglutide-weight management</i> ) | PB        |                                            |
| XENICAL ORAL CAPSULE 120 MG ( <i>orlistat</i> )                                                                                                           | NF        |                                            |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ZEPBOUND KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.6ML, 12.5 MG/0.6ML, 15 MG/0.6ML, 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML ( <i>tirzepatide-weight management</i> ) | NF        |            |
| ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML ( <i>tirzepatide-weight management</i> )                                                  | NF        |            |
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML ( <i>tirzepatide-weight management</i> )        | NF        |            |
| <b>CALCIUM RECEPTOR AGONISTS</b>                                                                                                                                             |           |            |
| <i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>                                                                                                                        | G         |            |
| SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG ( <i>cinacalcet hcl</i> )                                                                                                           | NPSP      |            |
| <b>CALCIUM REGULATORS, BISPSPHONATES - DRUGS TO TREAT BONE LOSS</b>                                                                                                          |           |            |
| <i>alendronate sodium oral solution 70 mg/75ml</i>                                                                                                                           | G         |            |
| <i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>                                                                                                                    | G         |            |
| BINOSTO ORAL TABLET EFFERVESCENT 70 MG ( <i>alendronate sodium</i> )                                                                                                         | NPB       |            |
| FOSAMAX ORAL TABLET 70 MG ( <i>alendronate sodium</i> )                                                                                                                      | NPB       |            |
| FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT ( <i>alendronate-cholecalciferol</i> )                                                                           | NPB       |            |
| <i>ibandronate sodium oral tablet 150 mg</i>                                                                                                                                 | G         |            |
| RECLAST INTRAVENOUS SOLUTION 5 MG/100ML ( <i>zoledronic acid</i> )                                                                                                           | NPSP      |            |
| <i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>                                                                                                             | G         |            |
| <i>risedronate sodium oral tablet delayed release 35 mg</i>                                                                                                                  | G         |            |
| <i>zoledronic acid intravenous concentrate 4 mg/5ml</i>                                                                                                                      | G         |            |
| <i>zoledronic acid intravenous solution 5 mg/100ml</i>                                                                                                                       | G         |            |
| <b>CALCIUM REGULATORS, MISCELLANEOUS</b>                                                                                                                                     |           |            |
| <i>calcitonin (salmon) nasal solution 200 unit/act</i>                                                                                                                       | G         |            |
| MIACALCIN INJECTION SOLUTION 200 UNIT/ML ( <i>calcitonin (salmon)</i> )                                                                                                      | NF        |            |
| OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML ( <i>denosumab-bmwo</i> )                                                                                                        | PSP       |            |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML ( <i>denosumab</i> )                                                                                                 | PSP       |            |

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|---------------------------------------------------------------------------------------------------------------------|-----------|------------|
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML<br>(denosumab)                                                             | NF        |            |
| <b>CALCIUM REGULATORS, PARATHYROID HORMONES</b>                                                                     |           |            |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (teriparatide)                                             | NPSP      |            |
| teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml                                                      | NF        |            |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (abaloparatide)                                           | PSP       |            |
| YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML<br>(palopegteriparatide) | NF        |            |
| <b>CARNITINE DEFICIENCY AGENTS</b>                                                                                  |           |            |
| CARNITOR ORAL SOLUTION 1 GM/10ML (levocarnitine)                                                                    | NF        |            |
| CARNITOR ORAL TABLET 330 MG (levocarnitine)                                                                         | NF        |            |
| CARNITOR SF ORAL SOLUTION 1 GM/10ML (levocarnitine)                                                                 | NF        |            |
| levocarnitine oral solution 1 gm/10ml                                                                               | G         |            |
| levocarnitine oral tablet 330 mg                                                                                    | G         |            |
| <b>CENTRAL PRECOCIOUS PUBERTY - DRUGS TO SUPPRESS PITUITARY HORMONES</b>                                            |           |            |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (leuprolide acetate)                           | PSP       |            |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (leuprolide acetate (3 month))                         | PSP       |            |
| SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (histrelin acetate)                                                             | PSP       |            |
| TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (triptorelin pamoate)                                   | PSP       |            |
| <b>CHELATING AGENTS</b>                                                                                             |           |            |
| CHEMET ORAL CAPSULE 100 MG (succimer)                                                                               | NPB       |            |
| CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)                                                                       | NF        |            |
| CUVRIOR ORAL TABLET 300 MG (trientine tetrahydrochloride)                                                           | NF        |            |
| deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg                                                              | G         |            |
| deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg                                                 | G         |            |
| DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)                                                                  | NPSP      |            |
| DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (deferoxamine mesylate)                                            | NF        |            |

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|-----------------------------------------------------------------------------------|-----------|------------|
| EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG ( <i>deferasirox</i> )          | NF        |            |
| FERRIPROX ORAL SOLUTION 100 MG/ML ( <i>deferiprone</i> )                          | NF        |            |
| FERRIPROX ORAL TABLET 1000 MG ( <i>deferiprone</i> )                              | NF        |            |
| FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG ( <i>deferiprone</i> )                  | NF        |            |
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG ( <i>deferasirox</i> )                   | NF        |            |
| JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG ( <i>deferasirox</i> )          | NF        |            |
| <i>penicillamine oral capsule 250 mg</i>                                          | G         |            |
| SYPRINE ORAL CAPSULE 250 MG ( <i>trientine hcl</i> )                              | NF        |            |
| <i>trientine hcl oral capsule 250 mg</i>                                          | G         |            |
| <b>CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL</b>                                |           |            |
| <i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)        | CE        |            |
| AFTERA ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                               | CE        |            |
| AFTERPILL ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                            | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)        | CE        |            |
| <i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>                                       | CE        |            |
| <i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>                             | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)             | CE        |            |
| ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR ( <i>segesterone-ethinyl estradiol</i> ) | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)            | CE        |            |
| ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG ( <i>norethin-eth estrad triphasic</i> ) | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)    | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)         | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)     | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))    | CE        |            |

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|------------------------------------------------------------------------------------------|-----------|------------|
| <i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)         | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)             | CE        |            |
| AVERI ORAL TABLET 0.15-0.03 MG ( <i>desogestrel-eth estrad-fe</i> )                      | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)                  | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)                  | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))     | CE        |            |
| <i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)                   | CE        |            |
| BEYAZ ORAL TABLET 3-0.02-0.451 MG ( <i>drospiren-eth estrad-levomefol</i> )              | NF        |            |
| <i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))            | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)          | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)              | CE        |            |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i>                                                | CE        |            |
| <i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)                                        | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)         | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)           | CE        |            |
| CAYA VAGINAL DIAPHRAGM ( <i>diaphragm arc-spring</i> )                                   | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24)) | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)             | CE        |            |
| <i>condoms</i>                                                                           | CE        |            |
| <i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)              | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)               | CE        |            |
| <i>norethindrone-eth estradiol</i> (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)           | CE        |            |

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|----------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)                                | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg)                                        | CE        |            |
| <i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)                                                                 | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)                                              | CE        |            |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML ( <i>medroxyprogesterone acetate</i> )                               | NPB       |            |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML ( <i>medroxyprogesterone acetate</i> )             | NPB       |            |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML ( <i>medroxyprogesterone acetate</i> ) | CE        |            |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>                                            | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet 90-20 Mcg)                                               | CE        |            |
| <i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>                                   | CE        |            |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>                                               | CE        |            |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                                        | CE        |            |
| <i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)                                              | CE        |            |
| ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )                                                                 | CE        |            |
| <i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)                                      | CE        |            |
| <i>norethindrone</i> (Emzahh Oral Tablet 0.35 Mg)                                                                    | CE        |            |
| <i>etonogestrel-ethinyl estradiol</i> (Enilloring Vaginal Ring 0.12-0.015 Mg/24Hr)                                   | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)                                            | CE        |            |
| <i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)                                                                     | CE        |            |
| <i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)                                             | CE        |            |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>                                            | CE        |            |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>                                                | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)                                             | CE        |            |
| FC2 FEMALE CONDOM ( <i>condoms - female</i> )                                                                        | CE        |            |

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|---------------------------------------------------------------------------------------|-----------|------------|
| <i>norethin ace-eth estrad-fe</i> (Feirza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)           | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Feirza 1/20 Oral Tablet 1-20 Mg-Mcg)               | CE        |            |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM<br>( <i>cervical caps</i> )                 | CE        |            |
| FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG<br>( <i>norethindrone acet-ethinyl est</i> ) | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))      | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Gemmiy Oral Capsule 1-20 Mg-Mcg(24))               | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)       | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))          | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)        | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)            | CE        |            |
| <i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)      | CE        |            |
| <i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)                                    | CE        |            |
| HER STYLE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg)               | CE        |            |
| <i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)                                   | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)             | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)            | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)       | CE        |            |
| <i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)                 | CE        |            |
| <i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)                                   | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)               | CE        |            |
| <i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))         | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)             | CE        |            |

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| <i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)                                 | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)                                     | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)                                  | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)                                      | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))                                    | CE        |            |
| <i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)                               | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg)                                      | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))                             | CE        |            |
| <i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)                                     | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)                                      | CE        |            |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG ( <i>levonorgestrel</i> )                                     | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)                                 | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)                                     | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))                                    | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)                                  | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)                                      | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)                                       | CE        |            |
| <i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/125-30 Mcg)                             | CE        |            |
| <i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i> | CE        |            |
| <i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>                                            | CE        |            |
| <i>levonorgestrel oral tablet 1.5 mg</i>                                                                       | CE        |            |

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| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i> | CE        |            |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>                  | CE        |            |
| <i>levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)</i>     | CE        |            |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY ( <i>levonorgestrel</i> )   | CE        |            |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG ( <i>norethin-eth estrad-fe biphas</i> )  | CE        |            |
| <i>norethindrone acet-ethinyl est (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)</i>    | CE        |            |
| <i>norethindrone acet-ethinyl est (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)</i>        | CE        |            |
| <i>norethin ace-eth estrad-fe (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>          | CE        |            |
| <i>norethin ace-eth estrad-fe (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)</i>              | CE        |            |
| <i>levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet 0.1-0.02 &amp; 0.01 Mg)</i>      | CE        |            |
| <i>drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)</i>                      | CE        |            |
| <i>norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)</i>              | CE        |            |
| <i>drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)</i>              | CE        |            |
| <i>norethindrone acet-ethinyl est (Luizza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>           | CE        |            |
| <i>norethindrone acet-ethinyl est (Luizza 1/20 Oral Tablet 1-20 Mg-Mcg)</i>               | CE        |            |
| <i>levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)</i>                   | CE        |            |
| <i>norethindrone (Lyleq Oral Tablet 0.35 Mg)</i>                                          | CE        |            |
| <i>norethindrone (Lyza Oral Tablet 0.35 Mg)</i>                                           | CE        |            |
| <i>marlissa oral tablet 0.15-30 mg-mcg</i>                                                | CE        |            |
| <i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>                     | CE        |            |
| <i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>   | CE        |            |
| <i>norethindrone (Meleya Oral Tablet 0.35 Mg)</i>                                         | CE        |            |
| <i>norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))</i>    | CE        |            |

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|--------------------------------------------------------------------------------------|-----------|------------|
| <i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)     | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)  | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)      | CE        |            |
| <i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)                  | CE        |            |
| <i>levonorgest-eth estradiol-iron</i> (Minzoya Oral Tablet 0.1-20 Mg-Mcg(21))        | CE        |            |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY ( <i>levonorgestrel</i> ) | CE        |            |
| <i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)           | CE        |            |
| MY CHOICE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                               | CE        |            |
| MY WAY ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                  | CE        |            |
| NATAZIA ORAL TABLET 3/2-2/2-3/1 MG ( <i>estradiol valerate-dienogest</i> )           | CE        |            |
| <i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)     | CE        |            |
| <i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)         | CE        |            |
| NEW DAY ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                 | CE        |            |
| NEXPLANON SUBCUTANEOUS IMPLANT 68 MG ( <i>etonogestrel</i> )                         | CE        |            |
| NEXTSTELLIS ORAL TABLET 3-14.2 MG ( <i>drospirenone-estetrol</i> )                   | CE        |            |
| <i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)                  | CE        |            |
| <i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)                                   | CE        |            |
| <i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>         | CE        |            |
| <i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>                       | CE        |            |
| <i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>                          | CE        |            |
| <i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>               | CE        |            |
| <i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>         | CE        |            |
| <i>norethindrone oral tablet 0.35 mg</i>                                             | CE        |            |
| <i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>                  | CE        |            |

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|--------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>                                           | CE        |            |
| <i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i> | CE        |            |
| <i>norethindrone</i> (Norlyda Oral Tablet 0.35 Mg)                                                     | CE        |            |
| <i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg)                                                    | CE        |            |
| <i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)                     | CE        |            |
| <i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)                         | CE        |            |
| <i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)                         | CE        |            |
| <i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)                  | CE        |            |
| NUVARING VAGINAL RING 0.12-0.015 MG/24HR ( <i>etonogestrel-ethinyl estradiol</i> )                     | NF        |            |
| <i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)                                | CE        |            |
| <i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)                    | CE        |            |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM ( <i>diaphragms</i> )                                             | CE        |            |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                          | CE        |            |
| OPILL ORAL TABLET 0.075 MG ( <i>norgestrel</i> )                                                       | CE        |            |
| OPTION 2 ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                                  | CE        |            |
| <i>norethindrone</i> (Orquidea Oral Tablet 0.35 Mg)                                                    | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet 0.1-20 Mg-Mcg)                              | CE        |            |
| PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE ( <i>copper</i> )                        | CE        |            |
| <i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)                                 | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))                    | CE        |            |
| <i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)                 | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)                            | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)                            | CE        |            |

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|---------------------------------------------------------------------------------------------|-----------|------------|
| <i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)                  | CE        |            |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG ( <i>drospiren-eth estrad-levomefol</i> )               | NPB       |            |
| <i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)                    | CE        |            |
| <i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)                                         | CE        |            |
| SHEWISE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                        | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))         | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)              | CE        |            |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG ( <i>levonorgestrel</i> )                    | CE        |            |
| SLYND ORAL TABLET 4 MG ( <i>drospirenone</i> )                                              | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)                     | CE        |            |
| <i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)                  | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)                     | CE        |            |
| <i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)                         | CE        |            |
| TAKE ACTION ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                    | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))                | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)               | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24))                    | CE        |            |
| TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) ( <i>norethin ace-eth estrad-fe</i> )                 | NF        |            |
| <i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)          | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)   | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE        |            |
| <i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)     | CE        |            |

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|------------------------------------------------------------------------------------------------|-----------|------------|
| <i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)       | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)    | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)      | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)  | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)         | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)    | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)     | CE        |            |
| <i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)        | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)   | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)      | CE        |            |
| <i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet 0.3-30 Mg-Mcg)                         | CE        |            |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR ( <i>levonorgestrel-eth estradiol</i> )        | CE        |            |
| TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG ( <i>levonorgestrel-ethinyl estrad</i> )            | CE        |            |
| <i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)                     | CE        |            |
| <i>ethynodiol diac-eth estradiol</i> (Valtya 1/35 Oral Tablet 1-35 Mg-Mcg)                     | CE        |            |
| <i>ethynodiol diac-eth estradiol</i> (Valtya 1/50 Oral Tablet 1-50 Mg-Mcg)                     | CE        |            |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG ( <i>desogestrel-ethinyl estradiol</i> )          | CE        |            |
| <i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)                          | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)                        | CE        |            |
| <i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>                                            | CE        |            |

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|---------------------------------------------------------------------------------------|-----------|------------|
| <i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))    | CE        |            |
| <i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)                | CE        |            |
| <i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)                | CE        |            |
| <i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)                   | CE        |            |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %<br>( <i>diaphragm wide seal</i> )        | CE        |            |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %<br>( <i>diaphragm wide seal</i> )        | CE        |            |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %<br>( <i>diaphragm wide seal</i> )        | CE        |            |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %<br>( <i>diaphragm wide seal</i> )        | CE        |            |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %<br>( <i>diaphragm wide seal</i> )        | CE        |            |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %<br>( <i>diaphragm wide seal</i> )        | CE        |            |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %<br>( <i>diaphragm wide seal</i> )        | CE        |            |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %<br>( <i>diaphragm wide seal</i> )        | CE        |            |
| <i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)       | CE        |            |
| <i>norethindron-ethinyl estrad-fe</i> (Xarah Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)    | CE        |            |
| <i>norethin-eth estradiol-fe</i> (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)       | CE        |            |
| <i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr) | CE        |            |
| YASMIN 28 ORAL TABLET 3-0.03 MG ( <i>drospirenone-ethinyl estradiol</i> )             | NF        |            |
| YAZ ORAL TABLET 3-0.02 MG ( <i>drospirenone-ethinyl estradiol</i> )                   | NF        |            |
| <i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr) | CE        |            |
| <i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)        | CE        |            |
| <i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)             | CE        |            |

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|--------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>CORTISOL SYNTHESIS INHIBITORS</b>                                                                                     |           |            |
| ISTURISA ORAL TABLET 1 MG, 5 MG ( <i>osilodrostat phosphate</i> )                                                        | NF        |            |
| RECORLEV ORAL TABLET 150 MG ( <i>levoketoconazole</i> )                                                                  | NF        |            |
| <b>DIABETIC SUPPLIES</b>                                                                                                 |           |            |
| 12-PANEL POC TOXICOLOGY SYSTEM IN VITRO KIT ( <i>drug assay (urine)</i> )                                                | NPB       |            |
| <i>1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm , 33g x 4 mm</i> | NF        |            |
| <i>1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>         | NF        |            |
| ACCU-CHEK AVIVA PLUS IN VITRO STRIP ( <i>glucose blood</i> )                                                             | PB        |            |
| ACCU-CHEK AVIVA PLUS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                              | PB        |            |
| ACCU-CHEK FASTCLIX LANCET KIT ( <i>lancets misc.</i> )                                                                   | PB        |            |
| ACCU-CHEK FASTCLIX LANCETS ( <i>lancets</i> )                                                                            | PB        |            |
| ACCU-CHEK GUIDE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                   | PB        |            |
| ACCU-CHEK GUIDE ME KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                | PB        |            |
| ACCU-CHEK GUIDE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                             | PB        |            |
| ACCU-CHEK LINKASSIST ( <i>insulin pump accessories</i> )                                                                 | NPB       |            |
| ACCU-CHEK PLASTIC CARTRIDGE ( <i>insulin infusion pump supplies</i> )                                                    | NPB       |            |
| ACCU-CHEK SAFE-T PRO LANCETS ( <i>lancets</i> )                                                                          | PB        |            |
| ACCU-CHEK SMARTVIEW IN VITRO STRIP ( <i>glucose blood</i> )                                                              | PB        |            |
| ACCU-CHEK SOFTCLIX LANCET DEV KIT ( <i>lancets misc.</i> )                                                               | PB        |            |
| ACCU-CHEK SOFTCLIX LANCETS ( <i>lancets</i> )                                                                            | PB        |            |
| ACCU-CHEK ULTRAFLEX INF SET ( <i>insulin infusion pump supplies</i> )                                                    | NPB       |            |
| ACCU-CHEK ULTRAFLEX-1 INF SET ( <i>insulin infusion pump supplies</i> )                                                  | NPB       |            |
| ACCUTREND GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                                                                | NF        |            |
| <i>acti-lance 28g</i>                                                                                                    | NPB       |            |
| <i>acti-lance lite lancets 28g</i>                                                                                       | NPB       |            |
| <i>acti-lance special lancets 17g</i>                                                                                    | NPB       |            |
| <i>acti-lance universal 23g</i>                                                                                          | NPB       |            |
| <i>adjustable lancing device</i>                                                                                         | NPB       |            |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ADVANCE INTUITION METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                   | NF        |            |
| ADVANCE INTUITION MONITOR KIT ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                    | NF        |            |
| ADVANCE INTUITION TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                             | NF        |            |
| ADVANCE MICRO-DRAW METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                  | NF        |            |
| ADVANCE MICRO-DRAW TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                            | NF        |            |
| <i>advanced mobile lancet</i>                                                                                                                                                                                                              | NPB       |            |
| ADVOCATE BLOOD GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                            | NF        |            |
| ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                       | NF        |            |
| ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                       | NF        |            |
| ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                             | NF        |            |
| ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| ADVOCATE LANCETS ( <i>lancets</i> )                                                                                                                                                                                                        | NPB       |            |
| ADVOCATE LANCETS 30G ( <i>lancets</i> )                                                                                                                                                                                                    | NPB       |            |
| ADVOCATE LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                                                          | NPB       |            |
| ADVOCATE RAPID-SAFE LANCING ( <i>lancet devices</i> )                                                                                                                                                                                      | NPB       |            |
| ADVOCATE REDI-CODE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                        | NF        |            |
| ADVOCATE REDI-CODE IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                 | NF        |            |
| ADVOCATE REDI-CODE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                  | NF        |            |
| ADVOCATE REDI-CODE+ DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                       | NF        |            |
| ADVOCATE REDI-CODE+ TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                           | NF        |            |
| ADVOCATE SAFETY LANCETS ( <i>lancets</i> )                                                                                                                                                                                                 | NPB       |            |
| ADVOCATE SAFETY LANCETS 26G ( <i>lancets</i> )                                                                                                                                                                                             | NPB       |            |
| ADVOCATE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                      | NF        |            |

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|----------------------------------------------------------------------------------|-----------|------------|
| AGAMATRIX AMP TEST IN VITRO STRIP ( <i>glucose blood</i> )                       | NF        |            |
| AGAMATRIX CONTROL LEVEL 2 IN VITRO SOLUTION ( <i>blood glucose calibration</i> ) | NPB       |            |
| AGAMATRIX CONTROL LEVEL 4 IN VITRO SOLUTION ( <i>blood glucose calibration</i> ) | NPB       |            |
| AGAMATRIX JAZZ TEST IN VITRO STRIP ( <i>glucose blood</i> )                      | NF        |            |
| AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> ) | NF        |            |
| AGAMATRIX PRESTO KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )          | NF        |            |
| AGAMATRIX PRESTO TEST IN VITRO STRIP ( <i>glucose blood</i> )                    | NF        |            |
| AGAMATRIX ULTRA-THIN LANCETS ( <i>lancets</i> )                                  | NPB       |            |
| <i>aimsco twist lancets 32g</i>                                                  | NPB       |            |
| AIMSCO TWIST LANCETS 33G ( <i>lancets</i> )                                      | NPB       |            |
| <i>aq insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>  | NF        |            |
| <i>aqinject pen needle 31g x 5 mm , 32g x 4 mm</i>                               | NF        |            |
| AQUALANCE LANCETS 30G ( <i>lancets</i> )                                         | NPB       |            |
| ASSURE 3 METER KIT ( <i>blood glucose monitoring suppl</i> )                     | NF        |            |
| ASSURE 3 TEST IN VITRO STRIP ( <i>glucose blood</i> )                            | NF        |            |
| ASSURE 4 METER DEVICE ( <i>blood glucose monitoring suppl</i> )                  | NF        |            |
| ASSURE 4 TEST IN VITRO STRIP ( <i>glucose blood</i> )                            | NF        |            |
| <i>assure comfort lancets 28g</i>                                                | NPB       |            |
| ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )           | NF        |            |
| ASSURE ID PRO PEN NEEDLES 30G X 5 MM ( <i>insulin pen needle</i> )               | NF        |            |
| ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM ( <i>insulin pen needle</i> )            | NF        |            |
| ASSURE II CHECK IN VITRO STRIP ( <i>glucose blood</i> )                          | NF        |            |
| ASSURE II IN VITRO STRIP ( <i>glucose blood</i> )                                | NF        |            |
| ASSURE LANCE LANCETS ( <i>lancets</i> )                                          | NPB       |            |
| ASSURE LANCE LANCETS 21G ( <i>lancets</i> )                                      | NPB       |            |
| ASSURE LANCE PLUS SAFETY 25G ( <i>lancets</i> )                                  | NPB       |            |
| ASSURE LANCE PLUS SAFETY 30G ( <i>lancets</i> )                                  | NPB       |            |
| ASSURE LANCE SAFETY LANCET 28G ( <i>lancets</i> )                                | NPB       |            |

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| Prescription Drug Name                                                                                                                               | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ASSURE PLATINUM IN VITRO STRIP ( <i>glucose blood</i> )                                                                                              | NF        |            |
| ASSURE PLATINUM METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                               | NF        |            |
| ASSURE PRISM MULTI TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                      | NF        |            |
| ASSURE PRO BLOOD GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                      | NF        |            |
| ASSURE PRO TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                              | NF        |            |
| aum insulin safety pen needle 31g x 4 mm , 31g x 5 mm                                                                                                | NF        |            |
| aum mini insulin pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm                                 | NF        |            |
| aum pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm                                                           | NF        |            |
| AUM READYGARD DUO PEN NEEDLE 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                | NF        |            |
| AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM ( <i>insulin pen needle</i> )                                                                          | NF        |            |
| aurora lancet super thin 30g                                                                                                                         | NPB       |            |
| aurora lancet thin 23g                                                                                                                               | NPB       |            |
| aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm                                                                                              | NF        |            |
| AUTO-LANCET ( <i>lancet devices</i> )                                                                                                                | NPB       |            |
| AUTO-LANCET MINI ( <i>lancet devices</i> )                                                                                                           | NPB       |            |
| AUTOLET II CLINISAFE KIT ( <i>lancets misc.</i> )                                                                                                    | NPB       |            |
| AUTOLET LANCING DEVICE ( <i>lancet devices</i> )                                                                                                     | NPB       |            |
| AUTOLET LITE CLINISAFE KIT ( <i>lancets misc.</i> )                                                                                                  | NPB       |            |
| AUTOLET LITE STARTER PACK KIT ( <i>lancets misc.</i> )                                                                                               | NPB       |            |
| AUTOLET MINI ( <i>lancet devices</i> )                                                                                                               | NPB       |            |
| AUTOLET PLATFORMS ( <i>lancets misc.</i> )                                                                                                           | NPB       |            |
| AUTOLET PLUS ( <i>lancet devices</i> )                                                                                                               | NPB       |            |
| AUTOSOFT 30 INFUSION SET ( <i>insulin infusion pump supplies</i> )                                                                                   | NPB       |            |
| AUTOSOFT 90 INFUSION SET ( <i>insulin infusion pump supplies</i> )                                                                                   | NPB       |            |
| AUTOSOFT XC INFUSION SET ( <i>insulin infusion pump supplies</i> )                                                                                   | NPB       |            |
| BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> ) | PB        |            |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )                             | PB        |            |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| BD INSULIN SYRINGE U-100 1 ML ( <i>insulin syringes (disposable)</i> )                                                                                                               | PB        |            |
| BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML ( <i>insulin syringe/needle u-500</i> )                                                                                                    | PB        |            |
| BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | PB        |            |
| BD LATITUDE DIABETES KIT ( <i>blood glucose monitoring suppl</i> )                                                                                                                   | NF        |            |
| BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                | NF        |            |
| BD MICROTAINER LANCETS ( <i>lancets</i> )                                                                                                                                            | NPB       |            |
| BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM ( <i>insulin pen needle</i> )                                                                                                               | PB        |            |
| BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM ( <i>insulin pen needle</i> )                                                                                                                | PB        |            |
| BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                  | PB        |            |
| BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                | PB        |            |
| BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM ( <i>insulin pen needle</i> )                                                                                                              | PB        |            |
| BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM ( <i>insulin pen needle</i> )                                                                                                               | PB        |            |
| BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML ( <i>insulin syringe-needle u-100</i> )                                                                       | PB        |            |
| BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML ( <i>insulin syringe-needle u-100</i> )                                                                                           | PB        |            |
| BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML ( <i>insulin syringe-needle u-100</i> )                                                                        | PB        |            |
| BIOTEL CARE BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                     | NF        |            |
| BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                | NF        |            |
| <i>blood glucose monitor system kit w/device</i>                                                                                                                                     | NF        |            |
| <i>blood glucose monitoring 333 device</i>                                                                                                                                           | NF        |            |
| <i>blood glucose system pak kit</i>                                                                                                                                                  | NF        |            |
| <i>blood glucose test in vitro strip</i>                                                                                                                                             | NF        |            |
| <i>blood glucose test strips 333 in vitro strip</i>                                                                                                                                  | NF        |            |

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| Prescription Drug Name                                                                                                                                                                      | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| BLULINK CONTROL HIGH & LOW IN VITRO LIQUID<br>(blood glucose calibration)                                                                                                                   | NPB       |            |
| CARDIOCOM LANCING DEVICE (lancet devices)                                                                                                                                                   | NPB       |            |
| CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (insulin pen needle)                                                          | NF        |            |
| careone advanced lancing dev                                                                                                                                                                | NPB       |            |
| careone insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml                                                     | NF        |            |
| CAREONE LANCET SUPER THIN 30G (lancets)                                                                                                                                                     | NPB       |            |
| careone lancet thin 23g                                                                                                                                                                     | NPB       |            |
| careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm                                                                                    | NF        |            |
| CARESENS LANCETS (lancets)                                                                                                                                                                  | NPB       |            |
| CARESENS N GLUCOSE SYSTEM DEVICE (blood glucose monitoring suppl)                                                                                                                           | NF        |            |
| CARESENS N GLUCOSE TEST IN VITRO STRIP (glucose blood)                                                                                                                                      | NF        |            |
| CARESENS N VOICE SYSTEM DEVICE (blood glucose monitoring suppl)                                                                                                                             | NF        |            |
| CARESENS S FIT BLOOD GLUC MON DEVICE (blood glucose monitoring suppl)                                                                                                                       | NF        |            |
| CARESENS S FIT BT BLOOD GLUC DEVICE (blood glucose monitoring suppl)                                                                                                                        | NF        |            |
| CARESENS S GLUCOSE TEST IN VITRO STRIP (glucose blood)                                                                                                                                      | NF        |            |
| CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID<br>(blood glucose calibration)                                                                                                                | NPB       |            |
| CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (insulin syringe-needle u-100) | NF        |            |
| CARETOUCH LANCING/EJECTOR (lancet devices)                                                                                                                                                  | NPB       |            |
| CARETOUCH MONITOR SYSTEM KIT W/DEVICE (blood glucose monitoring suppl)                                                                                                                      | NF        |            |
| CARETOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 33G X 4 MM (insulin pen needle)                                                         | NF        |            |
| CARETOUCH SAFETY LANCETS (lancets)                                                                                                                                                          | NPB       |            |
| CARETOUCH SAFETY LANCETS 26G (lancets)                                                                                                                                                      | NPB       |            |

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|-----------------------------------------------------------------------------------|-----------|------------|
| CARETOUCH TEST IN VITRO STRIP ( <i>glucose blood</i> )                            | NF        |            |
| CARETOUCH TWIST LANCETS 28G ( <i>lancets</i> )                                    | NPB       |            |
| CARETOUCH TWIST LANCETS 30G ( <i>lancets</i> )                                    | NPB       |            |
| CARETOUCH TWIST LANCETS 33G ( <i>lancets</i> )                                    | NPB       |            |
| CARETOUCH TWIST MC LANCETS 30G ( <i>lancets</i> )                                 | NPB       |            |
| CHEMSTRIP K IN VITRO STRIP ( <i>acetone (urine) test</i> )                        | NPB       |            |
| CHEMSTRIP UGK IN VITRO STRIP ( <i>urine glucose-ketones test</i> )                | NPB       |            |
| CLEANLET LANCETS 28G ( <i>lancets</i> )                                           | NPB       |            |
| CLEVER CHEK AUTO-CODE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )     | NF        |            |
| CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP ( <i>glucose blood</i> )                | NF        |            |
| CLEVER CHEK AUTO-CODE VOICE DEVICE ( <i>blood glucose monitoring suppl</i> )      | NF        |            |
| CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP ( <i>glucose blood</i> )               | NF        |            |
| CLEVER CHEK LANCETS ( <i>lancets</i> )                                            | NPB       |            |
| CLEVER CHEK SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )         | NF        |            |
| CLEVER CHEK TEST IN VITRO STRIP ( <i>glucose blood</i> )                          | NF        |            |
| CLEVER CHOICE AUTO-CODE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )   | NF        |            |
| CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP ( <i>glucose blood</i> )              | NF        |            |
| CLEVER CHOICE COMFORT EZ ( <i>lancets</i> )                                       | NPB       |            |
| CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM ( <i>insulin pen needle</i> )    | NF        |            |
| CLEVER CHOICE LANCETS 21G ( <i>lancets</i> )                                      | NPB       |            |
| CLEVER CHOICE LANCETS 28G ( <i>lancets</i> )                                      | NPB       |            |
| CLEVER CHOICE MICRO SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> ) | NF        |            |
| CLEVER CHOICE MICRO TEST IN VITRO STRIP ( <i>glucose blood</i> )                  | NF        |            |
| CLEVER CHOICE MINI SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )        | NF        |            |
| CLEVER CHOICE NO CODING IN VITRO STRIP ( <i>glucose blood</i> )                   | NF        |            |

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| Prescription Drug Name                                                                                                                                                                                                                                                                                                                                                                               | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| CLEVER CHOICE TALK SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                                                           | NF        |            |
| CLEVER CHOICE TALK SYSTEM IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                                                                                                                                    | NF        |            |
| COAGUCHEK LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                                                 | NPB       |            |
| <i>comfort assured lancets 28g</i>                                                                                                                                                                                                                                                                                                                                                                   | NPB       |            |
| <i>comfort assured lancets 33g</i>                                                                                                                                                                                                                                                                                                                                                                   | NPB       |            |
| COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                                                                                | NF        |            |
| COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                    | NF        |            |
| COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                                                        | NF        |            |
| COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                                                                                | NF        |            |
| COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                            | NF        |            |
| COMFORT TOUCH LANCETS 31G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                                         | NPB       |            |
| COMFORT TOUCH PLUS LANCETS 28G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                                    | NPB       |            |
| COMFORT TOUCH PLUS LANCETS 30G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                                    | NPB       |            |
| CONTOUR MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                                                                     | NF        |            |
| CONTOUR NEXT EZ KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                                                               | NF        |            |
| CONTOUR NEXT GEN MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                                                      | NF        |            |
| CONTOUR NEXT LINK KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                                                             | NF        |            |
| CONTOUR NEXT MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                                                          | NF        |            |

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|--------------------------------------------------------------------------------|-----------|------------|
| CONTOUR NEXT ONE KIT , W/DEVICE ( <i>blood glucose monitoring suppl</i> )      | NF        |            |
| CONTOUR NEXT TEST IN VITRO STRIP ( <i>glucose blood</i> )                      | NF        |            |
| CONTOUR PLUS BLUE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )       | NF        |            |
| CONTOUR PLUS TEST IN VITRO STRIP ( <i>glucose blood</i> )                      | NF        |            |
| CONTOUR TEST IN VITRO STRIP ( <i>glucose blood</i> )                           | NF        |            |
| COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )         | NF        |            |
| COOL MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                  | NF        |            |
| COOL MONITOR KIT KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )        | NF        |            |
| CVS ADVANCED GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )              | NF        |            |
| <i>cvs glucose meter test strips in vitro strip</i>                            | NF        |            |
| CVS KETONE CARE IN VITRO STRIP ( <i>urine glucose-ketones test</i> )           | NPB       |            |
| <i>cvs lancets original</i>                                                    | NPB       |            |
| <i>cvs lancets thin 26g</i>                                                    | NPB       |            |
| <i>cvs lancing device</i>                                                      | NPB       |            |
| <i>cvs true metrix glucose test in vitro strip</i>                             | NF        |            |
| <i>cvs ultra thin lancets</i>                                                  | NPB       |            |
| D-CARE BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                   | NF        |            |
| D-CARE GLUCOMETER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )       | NF        |            |
| DEXCOM G6 RECEIVER DEVICE ( <i>continuous glucose receiver</i> )               | PB        |            |
| DEXCOM G6 SENSOR ( <i>continuous glucose sensor</i> )                          | PB        |            |
| DEXCOM G6 TRANSMITTER ( <i>continuous glucose transmitter</i> )                | PB        |            |
| DEXCOM G7 15 DAY SENSOR ( <i>continuous glucose sensor</i> )                   | PB        |            |
| DEXCOM G7 RECEIVER DEVICE ( <i>continuous glucose receiver</i> )               | PB        |            |
| DEXCOM G7 SENSOR ( <i>continuous glucose sensor</i> )                          | PB        |            |
| DIASTIX IN VITRO STRIP ( <i>glucose urine test-glucose ox</i> )                | NPB       |            |
| DIATHRIVE BLOOD GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> ) | NF        |            |
| DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )           | NF        |            |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| DIATHRIVE GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                | NF        |            |
| DIATHRIVE LANCET ULTRA THIN 30 ( <i>lancets</i> )                                                                                                                                                             | NPB       |            |
| DIATHRIVE LANCETS ( <i>lancets</i> )                                                                                                                                                                          | NPB       |            |
| DIATHRIVE LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                            | NPB       |            |
| DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                          | NF        |            |
| DIATHRIVE+ GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                   | NF        |            |
| DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                               | NF        |            |
| DROPLET GENTEEL LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                      | NPB       |            |
| DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML ( <i>insulin syringe-needle u-100</i> )                      | NF        |            |
| DROPLET LANCETS ULTRA THIN 30G ( <i>lancets</i> )                                                                                                                                                             | NPB       |            |
| DROPLET LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                              | NPB       |            |
| DROPLET MICRON 34G X 3.5 MM ( <i>insulin pen needle</i> )                                                                                                                                                     | NF        |            |
| DROPLET PERSONAL LANCETS 30G ( <i>lancets</i> )                                                                                                                                                               | NPB       |            |
| <i>dropsafe safety pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>                                                                                                                                       | NF        |            |
| DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| DRUG MART ON-THE-GO LANCET 30G ( <i>lancets</i> )                                                                                                                                                             | NPB       |            |
| <i>drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>                                                                                                                                         | NF        |            |
| <i>drug mart unifine pentips plus 32g x 4 mm</i>                                                                                                                                                              | NF        |            |
| DRUG MART UNILET LANCETS 28G ( <i>lancets</i> )                                                                                                                                                               | NPB       |            |
| DRUG MART UNILET LANCETS 30G ( <i>lancets</i> )                                                                                                                                                               | NPB       |            |
| DRUG MART UNILET LANCETS 33G ( <i>lancets</i> )                                                                                                                                                               | NPB       |            |
| DUO-CARE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                         | NF        |            |
| <i>easy comfort insulin syringe 29g x 5/16" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i>    | NF        |            |
| <i>easy comfort lancets</i>                                                                                                                                                                                   | NPB       |            |
| <i>easy comfort lancets twist top</i>                                                                                                                                                                         | NPB       |            |

| Prescription Drug Name                                                                                                                                                                                                                                                                                                                                                    | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>easy comfort pen needles 29g x 4mm , 29g x 5mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>                                                                                                                                                                                                                          | NF        |            |
| <i>easy glide pen needles 33g x 4 mm</i>                                                                                                                                                                                                                                                                                                                                  | NF        |            |
| EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP<br>( <i>glucose blood</i> )                                                                                                                                                                                                                                                                                                    | NF        |            |
| EASY MAX T1 GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                         | NF        |            |
| <i>easy mini eject lancing device</i>                                                                                                                                                                                                                                                                                                                                     | NPB       |            |
| <i>easy mini lancing device</i>                                                                                                                                                                                                                                                                                                                                           | NPB       |            |
| <i>easy plus ii glucose system device</i>                                                                                                                                                                                                                                                                                                                                 | NF        |            |
| <i>easy plus ii glucose test in vitro strip</i>                                                                                                                                                                                                                                                                                                                           | NF        |            |
| EASY STEP GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                                | NF        |            |
| EASY STEP TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                                                                                                                    | NF        |            |
| <i>easy talk blood glucose system device</i>                                                                                                                                                                                                                                                                                                                              | NF        |            |
| <i>easy talk blood glucose test in vitro strip</i>                                                                                                                                                                                                                                                                                                                        | NF        |            |
| <i>easy talk plus ii test strips in vitro strip</i>                                                                                                                                                                                                                                                                                                                       | NF        |            |
| EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML<br>( <i>insulin syringe-needle u-100</i> )                                                                                                                                                                                                                            | NF        |            |
| EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                          | NF        |            |
| EASY TOUCH HEALTHPRO GLUCOSE KIT W/DEVICE<br>( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                    | NF        |            |
| EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML<br>( <i>insulin syringe-needle u-100</i> )                                                                                                                                                                                                                          | NF        |            |
| EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| EASY TOUCH LANCETS 21G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                 | NPB       |            |
| EASY TOUCH LANCETS 23G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                 | NPB       |            |
| EASY TOUCH LANCETS 26G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                 | NPB       |            |
| EASY TOUCH LANCETS 28G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                 | NPB       |            |
| EASY TOUCH LANCETS 28G/TWIST ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                           | NPB       |            |

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| Prescription Drug Name                                                                                                                                     | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| EASY TOUCH LANCETS 30G ( <i>lancets</i> )                                                                                                                  | NPB       |            |
| EASY TOUCH LANCETS 30G/TWIST ( <i>lancets</i> )                                                                                                            | NPB       |            |
| EASY TOUCH LANCETS 32G ( <i>lancets</i> )                                                                                                                  | NPB       |            |
| EASY TOUCH LANCETS 32G/TWIST ( <i>lancets</i> )                                                                                                            | NPB       |            |
| EASY TOUCH LANCETS 33G/TWIST ( <i>lancets</i> )                                                                                                            | NPB       |            |
| EASY TOUCH LANCING DEVICE ( <i>lancet devices</i> )                                                                                                        | NPB       |            |
| EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM ( <i>insulin pen needle</i> ) | NF        |            |
| EASY TOUCH SAFETY LANCETS 21G ( <i>lancets</i> )                                                                                                           | NPB       |            |
| EASY TOUCH SAFETY LANCETS 23G ( <i>lancets</i> )                                                                                                           | NPB       |            |
| EASY TOUCH SAFETY LANCETS 26G ( <i>lancets</i> )                                                                                                           | NPB       |            |
| EASY TOUCH SAFETY LANCETS 28G ( <i>lancets</i> )                                                                                                           | NPB       |            |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM ( <i>insulin pen needle</i> )                                                             | NF        |            |
| EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )                 | NF        |            |
| EASY TOUCH TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                    | NF        |            |
| <i>easy trak blood glucose system device</i>                                                                                                               | NF        |            |
| <i>easy trak blood glucose test in vitro strip</i>                                                                                                         | NF        |            |
| <i>easy trak ii blood glucose sys device</i>                                                                                                               | NF        |            |
| <i>easy trak ii glucose test in vitro strip</i>                                                                                                            | NF        |            |
| EASYGLUCO IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                          | NF        |            |
| EASYGLUCO KIT ( <i>blood glucose monitoring suppl</i> )                                                                                                    | NF        |            |
| EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID ( <i>blood glucose calibration</i> )                                                                          | NPB       |            |
| EASYMAX 15 TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                    | NF        |            |
| EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID ( <i>blood glucose calibration</i> )                                                                           | NPB       |            |
| EASYMAX NG BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                  | NF        |            |
| EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                            | NF        |            |
| EASYMAX TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                       | NF        |            |
| EASYMAX V BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                   | NF        |            |

| Prescription Drug Name                                                                                                                                                                                                                                | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE<br>(blood glucose monitoring suppl)                                                                                                                                                                        | NF        |            |
| EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP<br>(glucose blood)                                                                                                                                                                                          | NF        |            |
| EASYPRO PLUS IN VITRO STRIP (glucose blood)                                                                                                                                                                                                           | NF        |            |
| EASYPRO PLUS KIT W/DEVICE (blood glucose monitoring<br>suppl)                                                                                                                                                                                         | NF        |            |
| ELEMENT AUTOCODE SYSTEM KIT W/DEVICE (blood<br>glucose monitoring suppl)                                                                                                                                                                              | NF        |            |
| element compact glucose system device                                                                                                                                                                                                                 | NF        |            |
| element compact test in vitro strip                                                                                                                                                                                                                   | NF        |            |
| element compact v glucose sys device                                                                                                                                                                                                                  | NF        |            |
| ELEMENT PLUS DEVICE (blood glucose monitoring suppl)                                                                                                                                                                                                  | NF        |            |
| ELEMENT TEST IN VITRO STRIP (glucose blood)                                                                                                                                                                                                           | NF        |            |
| EMBECTA AUTOSHIELD DUO 30G X 5 MM (insulin pen<br>needle)                                                                                                                                                                                             | PB        |            |
| EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G<br>X 5/16" 0.3 ML (insulin syringe-needle u-100)                                                                                                                                                | PB        |            |
| EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML,<br>30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML,<br>31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML,<br>31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (insulin syringe-needle<br>u-100) | PB        |            |
| EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML<br>(insulin syringe/needle u-500)                                                                                                                                                                      | PB        |            |
| EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM (insulin<br>pen needle)                                                                                                                                                                                      | PB        |            |
| EMBECTA PEN NEEDLE NANO 32G X 4 MM (insulin pen<br>needle)                                                                                                                                                                                            | PB        |            |
| EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G<br>X 5 MM , 31G X 8 MM , 32G X 6 MM (insulin pen needle)                                                                                                                                              | PB        |            |
| EMBRACE BLOOD GLUCOSE MONITOR DEVICE (blood<br>glucose monitoring suppl)                                                                                                                                                                              | NF        |            |
| EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP<br>(glucose blood)                                                                                                                                                                                          | NF        |            |
| EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP<br>(glucose blood)                                                                                                                                                                                      | NF        |            |
| EMBRACE EVO GLUCOSE MONITOR DEVICE (blood<br>glucose monitoring suppl)                                                                                                                                                                                | NF        |            |

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| Prescription Drug Name                                                                                                            | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE<br>(blood glucose monitoring suppl)                                                   | NF        |            |
| EMBRACE LANCETS ULTRA THIN 30G (lancets)                                                                                          | NPB       |            |
| EMBRACE PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (insulin pen needle) | NF        |            |
| EMBRACE PRESSURE ACTIVATED 21G (lancets)                                                                                          | NPB       |            |
| EMBRACE PRESSURE ACTIVATED 28G (lancets)                                                                                          | NPB       |            |
| EMBRACE PRO GLUCOSE METER DEVICE (blood glucose monitoring suppl)                                                                 | NF        |            |
| EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (glucose blood)                                                                           | NF        |            |
| EMBRACE TALK BLOOD GLUCOSE DEVICE (blood glucose monitoring suppl)                                                                | NF        |            |
| EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (glucose blood)                                                                          | NF        |            |
| EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE<br>(blood glucose monitoring suppl)                                                   | NF        |            |
| ENLITE GLUCOSE SENSOR (continuous glucose sensor)                                                                                 | NF        |            |
| ENLITE SERTER (insulin infusion pump supplies)                                                                                    | NPB       |            |
| eq blood glucose test in vitro strip                                                                                              | NF        |            |
| EVERSENSE 365 SENSOR/HOLDER (continuous glucose sensor)                                                                           | NF        |            |
| EVERSENSE 365 SMART TRANSMIT (continuous glucose transmitter)                                                                     | NF        |            |
| EVERSENSE SENSOR/HOLDER (continuous glucose sensor)                                                                               | NF        |            |
| EVERSENSE SMART TRANSMITTER (continuous glucose transmitter)                                                                      | NF        |            |
| EVOLUTION AUTOCODE DEVICE (blood glucose monitoring suppl)                                                                        | NF        |            |
| EVOLUTION AUTOCODE IN VITRO STRIP (glucose blood)                                                                                 | NF        |            |
| FIFTY50 GLUCOSE METER 2.0 KIT W/DEVICE (blood glucose monitoring suppl)                                                           | NF        |            |
| FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (glucose blood)                                                                           | NF        |            |
| FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (insulin pen needle)                                        | NF        |            |
| FIFTY50 SAFETY SEAL LANCETS (lancets)                                                                                             | NPB       |            |

| Prescription Drug Name                                                                                                        | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| FIFTY50 UNILET LANCETS 33G ( <i>lancets</i> )                                                                                 | NPB       |            |
| FINGERSTIX LANCETS ( <i>lancets</i> )                                                                                         | NPB       |            |
| FORA 6 CONNECT IN VITRO STRIP ( <i>glucose blood</i> )                                                                        | NF        |            |
| FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                                                            | NF        |            |
| FORA G20 BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                          | NF        |            |
| FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                           | NF        |            |
| FORA G30A BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                                               | NF        |            |
| FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                                               | NF        |            |
| FORA GD20 TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                        | NF        |            |
| FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                                               | NF        |            |
| FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                          | NF        |            |
| FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                                               | NF        |            |
| FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                          | NF        |            |
| FORA GTEL BLOOD KETONE TEST IN VITRO STRIP ( <i>ketone blood test</i> )                                                       | NPB       |            |
| FORA LANCETS ( <i>lancets</i> )                                                                                               | NPB       |            |
| FORA LANCING DEVICE ( <i>lancet devices</i> )                                                                                 | NPB       |            |
| FORA PREMIUM V10 BLE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                                                  | NF        |            |
| FORA TEST N' GO MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                                                      | NF        |            |
| FORA TN'G ADVANCE PRO IN VITRO STRIP ( <i>glucose blood</i> )                                                                 | NF        |            |
| FORA TN'G VOICE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                        | NF        |            |
| FORA TN'G/TN'G VOICE IN VITRO STRIP ( <i>glucose blood</i> )                                                                  | NF        |            |
| FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                           | NF        |            |

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|--------------------------------------------------------------------------------|-----------|------------|
| FORA V12 BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> ) | NF        |            |
| FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )           | NF        |            |
| FORACARE GD40 MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )         | NF        |            |
| FORACARE GD40 TEST IN VITRO STRIP ( <i>glucose blood</i> )                     | NF        |            |
| FORACARE PREMIUM V10 DEVICE ( <i>blood glucose monitoring suppl</i> )          | NF        |            |
| FORACARE PREMIUM V10 TEST IN VITRO STRIP ( <i>glucose blood</i> )              | NF        |            |
| FORACARE TEST N GO MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )    | NF        |            |
| FORACARE TEST N GO TEST IN VITRO STRIP ( <i>glucose blood</i> )                | NF        |            |
| FREESTYLE FREEDOM LITE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )  | NF        |            |
| FREESTYLE INSULINX TEST IN VITRO STRIP ( <i>glucose blood</i> )                | NF        |            |
| FREESTYLE LANCETS ( <i>lancets</i> )                                           | NPB       |            |
| FREESTYLE LIBRE 14 DAY READER DEVICE ( <i>continuous glucose receiver</i> )    | NF        |            |
| FREESTYLE LIBRE 14 DAY SENSOR ( <i>continuous glucose sensor</i> )             | NF        |            |
| FREESTYLE LIBRE 2 PLUS SENSOR ( <i>continuous glucose sensor</i> )             | NF        |            |
| FREESTYLE LIBRE 2 READER DEVICE ( <i>continuous glucose receiver</i> )         | NF        |            |
| FREESTYLE LIBRE 2 SENSOR ( <i>continuous glucose sensor</i> )                  | NF        |            |
| FREESTYLE LIBRE 3 PLUS SENSOR ( <i>continuous glucose sensor</i> )             | NF        |            |
| FREESTYLE LIBRE 3 SENSOR ( <i>continuous glucose sensor</i> )                  | NF        |            |
| FREESTYLE LIBRE READER DEVICE ( <i>continuous glucose receiver</i> )           | NF        |            |
| FREESTYLE LITE DEVICE ( <i>blood glucose monitoring suppl</i> )                | NF        |            |
| FREESTYLE LITE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )          | NF        |            |
| FREESTYLE LITE TEST IN VITRO STRIP ( <i>glucose blood</i> )                    | NF        |            |

| Prescription Drug Name                                                                                                                                                                                                                                                                              | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE<br>(blood glucose monitoring suppl)                                                                                                                                                                                                                     | NF        |            |
| FREESTYLE PRECISION NEO TEST IN VITRO STRIP<br>(glucose blood)                                                                                                                                                                                                                                      | NF        |            |
| FREESTYLE TEST IN VITRO STRIP (glucose blood)                                                                                                                                                                                                                                                       | NF        |            |
| FREESTYLE UNISTICK II LANCETS (lancets)                                                                                                                                                                                                                                                             | NPB       |            |
| ge100 blood glucose system device                                                                                                                                                                                                                                                                   | NF        |            |
| ge100 blood glucose system kit w/device                                                                                                                                                                                                                                                             | NF        |            |
| ge100 blood glucose test in vitro strip                                                                                                                                                                                                                                                             | NF        |            |
| GENTEEL BUTTERFLY TOUCH LANCET (lancets)                                                                                                                                                                                                                                                            | NPB       |            |
| GENTEEL CONTACT TIPS (BLUE) (lancets misc.)                                                                                                                                                                                                                                                         | NPB       |            |
| GENTEEL CONTACT TIPS (CLEAR) (lancets misc.)                                                                                                                                                                                                                                                        | NPB       |            |
| GENTEEL CONTACT TIPS (GREEN) (lancets misc.)                                                                                                                                                                                                                                                        | NPB       |            |
| GENTEEL CONTACT TIPS (ORANGE) (lancets misc.)                                                                                                                                                                                                                                                       | NPB       |            |
| GENTEEL CONTACT TIPS (RAINBOW) (lancets misc.)                                                                                                                                                                                                                                                      | NPB       |            |
| GENTEEL CONTACT TIPS (VIOLET) (lancets misc.)                                                                                                                                                                                                                                                       | NPB       |            |
| GENTEEL CONTACT TIPS (YELLOW) (lancets misc.)                                                                                                                                                                                                                                                       | NPB       |            |
| GENTEEL LANCING KIT (BLUE) KIT (lancets misc.)                                                                                                                                                                                                                                                      | NPB       |            |
| GENTEEL NOZZLES (lancets misc.)                                                                                                                                                                                                                                                                     | NPB       |            |
| GENTEEL PLUS LANCING (BLACK) (lancet devices)                                                                                                                                                                                                                                                       | NPB       |            |
| GENTEEL PLUS LANCING (PURPLE) (lancet devices)                                                                                                                                                                                                                                                      | NPB       |            |
| GENTEEL PLUS LANCING (WHITE) (lancet devices)                                                                                                                                                                                                                                                       | NPB       |            |
| GENTEEL PLUS LANCING DEV(BLUE) (lancet devices)                                                                                                                                                                                                                                                     | NPB       |            |
| GENTEEL PLUS LANCING DEV(PINK) (lancet devices)                                                                                                                                                                                                                                                     | NPB       |            |
| GENULTIMATE TEST IN VITRO STRIP (glucose blood)                                                                                                                                                                                                                                                     | NPB       |            |
| ght blood glucose monitor kit w/device                                                                                                                                                                                                                                                              | NF        |            |
| ght test in vitro strip                                                                                                                                                                                                                                                                             | NF        |            |
| global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm                                                                                                                                                                                                                    | NF        |            |
| global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml                                                                                                                                                                                       | NF        |            |
| global easy glide pen needles 32g x 4 mm                                                                                                                                                                                                                                                            | NF        |            |
| global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml | NF        |            |

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|-------------------------------------------------------------------------------------|-----------|------------|
| <i>global inject ease lancets 28g</i>                                               | NPB       |            |
| <i>global inject ease lancets 30g</i>                                               | NPB       |            |
| <i>global insulin syringes 30g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml</i>                | NF        |            |
| <i>global lancing device</i>                                                        | NPB       |            |
| GLUCO PERFECT 3 METER DEVICE ( <i>blood glucose monitoring suppl</i> )              | NF        |            |
| GLUCO PERFECT 3 TEST IN VITRO STRIP ( <i>glucose blood</i> )                        | NF        |            |
| GLUCOCARD 01 BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )         | NF        |            |
| GLUCOCARD 01 BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )   | NF        |            |
| GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP ( <i>glucose blood</i> )                    | NF        |            |
| GLUCOCARD 01-MINI GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )    | NF        |            |
| GLUCOCARD EXPRESSION MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> ) | NF        |            |
| GLUCOCARD EXPRESSION TEST IN VITRO STRIP ( <i>glucose blood</i> )                   | NF        |            |
| GLUCOCARD SHINE CONNEX KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )       | NF        |            |
| GLUCOCARD SHINE EXPRESS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )      | NF        |            |
| GLUCOCARD SHINE TEST IN VITRO STRIP ( <i>glucose blood</i> )                        | NF        |            |
| GLUCOCARD SHINE XL DEVICE ( <i>blood glucose monitoring suppl</i> )                 | NF        |            |
| GLUCOCARD VITAL MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )      | NF        |            |
| GLUCOCARD VITAL TEST IN VITRO STRIP ( <i>glucose blood</i> )                        | NF        |            |
| GLUCOCARD X-METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )            | NF        |            |
| GLUCOCARD X-SENSOR IN VITRO STRIP ( <i>glucose blood</i> )                          | NF        |            |
| GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )     | NF        |            |
| GLUCOCOM LANCETS 28G ( <i>lancets</i> )                                             | NPB       |            |
| GLUCOCOM LANCETS 30G ( <i>lancets</i> )                                             | NPB       |            |
| GLUCOCOM LANCETS 33G ( <i>lancets</i> )                                             | NPB       |            |
| GLUCOCOM MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )             | NF        |            |

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| Prescription Drug Name                                                                                                                                                                                                                     | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| GLUCOCOM TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                      | NF        |            |
| GLUCONAVII BLOOD GLUCOSE SYS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                        | NF        |            |
| GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                      | NF        |            |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| GLUCOPRO SYR RES 3ML 22GX3/8" ( <i>insulin infusion pump supplies</i> )                                                                                                                                                                    | NPB       |            |
| <i>glucose meter test in vitro strip</i>                                                                                                                                                                                                   | NF        |            |
| GNP EASY TOUCH CONT HIGH/LOW IN VITRO LIQUID ( <i>blood glucose calibration</i> )                                                                                                                                                          | NPB       |            |
| GNP EASY TOUCH GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                              | NF        |            |
| <i>gnp easy touch glucose test in vitro strip</i>                                                                                                                                                                                          | NF        |            |
| <i>gnp insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>                                                                                                                                                                            | NF        |            |
| <i>gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml</i>                                                                                                                                                                                       | NF        |            |
| <i>gnp insulin syringes 29gx1/2" 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>                                                                                                                                                                    | NF        |            |
| <i>gnp insulin syringes 30g x 5/16" 1 ml</i>                                                                                                                                                                                               | NF        |            |
| <i>gnp insulin syringes 30gx5/16" 30g x 5/16" 0.3 ml</i>                                                                                                                                                                                   | NF        |            |
| <i>gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml</i>                                                                                                                                                                                   | NF        |            |
| <i>gnp pen needles 32g x 4 mm</i>                                                                                                                                                                                                          | NF        |            |
| <i>gnp sterile lancets 28g</i>                                                                                                                                                                                                             | NPB       |            |
| <i>gnp sterile lancets 30g</i>                                                                                                                                                                                                             | NPB       |            |
| <i>gnp sterile lancets 33g</i>                                                                                                                                                                                                             | NPB       |            |
| GNP TRUE METRIX AIR METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                           | NF        |            |
| GNP TRUE METRIX GLUCOSE METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                       | NF        |            |
| GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                     | NF        |            |
| GNP TRUETRACK SMART SYSTEM IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                         | NF        |            |
| GNP TRUETRACK TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                          | NF        |            |
| <i>gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>                                                                                                                                                          | NF        |            |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| GNP ULTIGUARD SAFEPAK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )                                            | NF        |            |
| <i>gnp ultra com insulin syringe 28g x 1/2" 1 ml</i>                                                                                                    | NF        |            |
| GOJJI LANCING DEVICE/CLEAR CAP ( <i>lancet devices</i> )                                                                                                | NPB       |            |
| GOJJI STERILE LANCETS ( <i>lancets</i> )                                                                                                                | NPB       |            |
| GUARDIAN 4 GLUCOSE SENSOR ( <i>continuous glucose sensor</i> )                                                                                          | NF        |            |
| GUARDIAN 4 TRANSMITTER ( <i>continuous glucose transmitter</i> )                                                                                        | NF        |            |
| GUARDIAN LINK 3 TRANSMITTER ( <i>continuous glucose transmitter</i> )                                                                                   | NF        |            |
| GUARDIAN REAL-TIME CHARGER ( <i>continuous glucose monitor sup</i> )                                                                                    | NPB       |            |
| GUARDIAN REAL-TIME TEST PLUG ( <i>continuous glucose monitor sup</i> )                                                                                  | NPB       |            |
| GUARDIAN SENSOR (3) ( <i>continuous glucose sensor</i> )                                                                                                | NF        |            |
| <i>guardian sensor 3</i>                                                                                                                                | NF        |            |
| HAEMOLANCE ( <i>lancets</i> )                                                                                                                           | NPB       |            |
| HAEMOLANCE LOW FLOW LANCETS ( <i>lancets</i> )                                                                                                          | NPB       |            |
| HAEMOLANCE PLUS ( <i>lancets</i> )                                                                                                                      | NPB       |            |
| HAEMOLANCE PLUS HIGH FLOW ( <i>lancets</i> )                                                                                                            | NPB       |            |
| HAEMOLANCE PLUS LOW FLOW ( <i>lancets</i> )                                                                                                             | NPB       |            |
| HAEMOLANCE PLUS MAX FLOW ( <i>lancets</i> )                                                                                                             | NPB       |            |
| HAEMOLANCE PLUS PEDIATRIC FLOW ( <i>lancets</i> )                                                                                                       | NPB       |            |
| <i>healthwise insulin syr/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | NF        |            |
| <i>healthwise micron pen needles 32g x 4 mm</i>                                                                                                         | NF        |            |
| <i>healthwise short pen needles 31g x 5 mm , 31g x 8 mm</i>                                                                                             | NF        |            |
| <i>h-e-b incontrol adv lancing</i>                                                                                                                      | NPB       |            |
| <i>h-e-b incontrol lancets 28g</i>                                                                                                                      | NPB       |            |
| <i>h-e-b incontrol lancets 30g</i>                                                                                                                      | NPB       |            |
| <i>h-e-b incontrol lancets 33g</i>                                                                                                                      | NPB       |            |
| <i>h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>                                                       | NF        |            |
| H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM ( <i>insulin pen needle</i> )                             | NF        |            |
| HM EMBRACE TALK SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                           | NF        |            |

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| Prescription Drug Name                                                                                                 | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )                | NF        |            |
| HM ULTICARE MINI PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )                                                  | NF        |            |
| HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )                                                 | NF        |            |
| HW EMBRACE PRO GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                          | NF        |            |
| HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                    | NF        |            |
| HW EMBRACE TALK BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                         | NF        |            |
| HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                   | NF        |            |
| HY-VEE LANCETS ( <i>lancets</i> )                                                                                      | NPB       |            |
| <i>hy-vee thin lancets</i>                                                                                             | NPB       |            |
| IGLUCOSE MONITORING SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                      | NF        |            |
| IGLUCOSE TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )                                                           | NF        |            |
| IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP ( <i>glucose blood</i> )                                                 | NF        |            |
| IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                    | NF        |            |
| IN TOUCH DEVICE ( <i>blood glucose monitoring suppl</i> )                                                              | NF        |            |
| IN TOUCH LANCING DEVICE ( <i>lancet devices</i> )                                                                      | NPB       |            |
| IN TOUCH STERILE LANCETS 30G ( <i>lancets</i> )                                                                        | NPB       |            |
| INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                      | NF        |            |
| INFINITY BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                   | NF        |            |
| INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                    | NF        |            |
| INFINITY VOICE IN VITRO STRIP ( <i>glucose blood</i> )                                                                 | NF        |            |
| INFINITY VOICE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                  | NF        |            |
| <i>insulin syringe 29g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i> | NF        |            |

| Prescription Drug Name                                                                                                                                                                                                                                                              | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | NF        |            |
| <i>insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm</i>                                                                                                                                                                                                        | NF        |            |
| KETO-DIASTIX IN VITRO STRIP ( <i>urine glucose-ketones test</i> )                                                                                                                                                                                                                   | NF        |            |
| <i>ketone test in vitro strip</i>                                                                                                                                                                                                                                                   | NPB       |            |
| KETOSTIX IN VITRO STRIP ( <i>acetone (urine) test</i> )                                                                                                                                                                                                                             | NF        |            |
| <i>kinney lancets</i>                                                                                                                                                                                                                                                               | NPB       |            |
| <i>kinney thin lancets</i>                                                                                                                                                                                                                                                          | NPB       |            |
| <i>kinray insulin syringe 29g x 1/2" 0.5 ml</i>                                                                                                                                                                                                                                     | NF        |            |
| KROGER AUTOLET LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                                                                                             | NPB       |            |
| KROGER HEALTHPRO LANCET 26G ( <i>lancets</i> )                                                                                                                                                                                                                                      | NPB       |            |
| <i>kroger lancets</i>                                                                                                                                                                                                                                                               | NPB       |            |
| <i>kroger lancets super thin</i>                                                                                                                                                                                                                                                    | NPB       |            |
| <i>kroger lancets thin</i>                                                                                                                                                                                                                                                          | NPB       |            |
| <i>kroger pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>                                                                                                                                                                                            | NF        |            |
| <i>lancet device</i>                                                                                                                                                                                                                                                                | NPB       |            |
| <i>lancet device with ejector</i>                                                                                                                                                                                                                                                   | NPB       |            |
| <i>lancets</i>                                                                                                                                                                                                                                                                      | NPB       |            |
| <i>lancets 30g</i>                                                                                                                                                                                                                                                                  | NPB       |            |
| <i>lancets 33g</i>                                                                                                                                                                                                                                                                  | NPB       |            |
| <i>lancets micro thin 33g</i>                                                                                                                                                                                                                                                       | NPB       |            |
| <i>lancets super thin 28g</i>                                                                                                                                                                                                                                                       | NPB       |            |
| <i>lancets thin</i>                                                                                                                                                                                                                                                                 | NPB       |            |
| LANCETS ULTRA THIN ( <i>lancets</i> )                                                                                                                                                                                                                                               | NPB       |            |
| <i>lancing device</i>                                                                                                                                                                                                                                                               | NPB       |            |
| LANZO ( <i>lancet devices</i> )                                                                                                                                                                                                                                                     | NPB       |            |
| LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                        | NF        |            |
| LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                      | NF        |            |
| LIBERTY MEDICAL LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                          | NPB       |            |
| <i>lite touch lancets</i>                                                                                                                                                                                                                                                           | NPB       |            |

| Prescription Drug Name                                                                                                                                                                                                                                                          | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| LITE TOUCH LANCING PEN ( <i>lancet devices</i> )                                                                                                                                                                                                                                | NPB       |            |
| LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| LITETOUCH LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                            | NPB       |            |
| LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                            | NF        |            |
| <i>live better lancet super thin</i>                                                                                                                                                                                                                                            | NPB       |            |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )                                                                                             | NF        |            |
| MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                        | NF        |            |
| MAXICOMFORT II PEN NEEDLE 31G X 6 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                              | NF        |            |
| MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )                                                                                                                                                                         | NF        |            |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM ( <i>insulin pen needle</i> )                                                                                                                                                                                              | NF        |            |
| MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )                                                                                                                                                                           | NF        |            |
| <i>medic insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml</i>                                                                                                                                                                                                             | NF        |            |
| <i>medichoice safety lancet</i>                                                                                                                                                                                                                                                 | NPB       |            |
| <i>medichoice safety lancet extra</i>                                                                                                                                                                                                                                           | NPB       |            |
| <i>medichoice safety lancet norm</i>                                                                                                                                                                                                                                            | NPB       |            |
| <i>medicine shoppe pen needles 29g x 12mm , 31g x 8 mm</i>                                                                                                                                                                                                                      | NF        |            |
| MEDLANCE PLUS EXTRA 21G ( <i>lancets</i> )                                                                                                                                                                                                                                      | NPB       |            |
| MEDLANCE PLUS LITE 25G ( <i>lancets</i> )                                                                                                                                                                                                                                       | NPB       |            |
| MEDLANCE PLUS SPECIAL 0.8MM ( <i>lancets</i> )                                                                                                                                                                                                                                  | NPB       |            |
| MEDLANCE PLUS SUPERLITE 30G ( <i>lancets</i> )                                                                                                                                                                                                                                  | NPB       |            |
| MEDLANCE PLUS UNIVERSAL 21G ( <i>lancets</i> )                                                                                                                                                                                                                                  | NPB       |            |
| MEIJER LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                               | NPB       |            |
| MEIJER LANCETS UNIVERSAL 21G ( <i>lancets</i> )                                                                                                                                                                                                                                 | NPB       |            |
| MEIJER LANCETS UNIVERSAL 30G ( <i>lancets</i> )                                                                                                                                                                                                                                 | NPB       |            |
| MEIJER LANCETS UNIVERSAL 33G ( <i>lancets</i> )                                                                                                                                                                                                                                 | NPB       |            |
| <i>meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>                                                                                                                                                                                                                  | NF        |            |

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| Prescription Drug Name                                                                                                                             | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| MEIJER TRUE2GO BLOOD GLUCOSE KIT W/DEVICE<br>(blood glucose monitoring suppl)                                                                      | NF        |            |
| MEIJER TRUERESULT GLUCOSE SYS KIT W/DEVICE<br>(blood glucose monitoring suppl)                                                                     | NF        |            |
| MEIJER TRUETEST TEST IN VITRO STRIP (glucose blood)                                                                                                | NF        |            |
| MEIJER TRUETRACK GLUCOSE SYS KIT W/DEVICE (blood<br>glucose monitoring suppl)                                                                      | NF        |            |
| MEIJER TRUETRACK TEST IN VITRO STRIP (glucose blood)                                                                                               | NF        |            |
| MICRODOT BLOOD GLUCOSE SYSTEM KIT W/DEVICE<br>(blood glucose monitoring suppl)                                                                     | NF        |            |
| MICRODOT TEST IN VITRO STRIP (glucose blood)                                                                                                       | NF        |            |
| MICROLET LANCETS (lancets)                                                                                                                         | NPB       |            |
| MICROLET NEXT LANCING DEVICE (lancet devices)                                                                                                      | NPB       |            |
| mini lancing device                                                                                                                                | NPB       |            |
| MINIMED INSTINCT GLUC SENSOR (continuous glucose<br>sensor)                                                                                        | NF        |            |
| MINIMED PUMP RESERVOIR 3ML (insulin infusion pump<br>supplies)                                                                                     | NPB       |            |
| MINIMED RESERVOIR 1.8ML (insulin infusion pump supplies)                                                                                           | NPB       |            |
| MINIMED RESERVOIR 3ML (insulin infusion pump supplies)                                                                                             | NPB       |            |
| MM BLOOD GLUCOSE SYSTEM KIT W/DEVICE (blood<br>glucose monitoring suppl)                                                                           | NF        |            |
| MM BLOOD GLUCOSE SYSTEM REFILL KIT (blood glucose<br>monitoring suppl)                                                                             | NF        |            |
| MM BLULINK GLUCOSE MONIT SYS DEVICE (blood<br>glucose monitoring suppl)                                                                            | NF        |            |
| MM BLULINK GLUCOSE TEST IN VITRO STRIP (glucose<br>blood)                                                                                          | NF        |            |
| MM EASY TOUCH GLUCOSE IN VITRO STRIP (glucose<br>blood)                                                                                            | NF        |            |
| MM EASY TOUCH GLUCOSE METER KIT W/DEVICE<br>(blood glucose monitoring suppl)                                                                       | NF        |            |
| mm insulin syringe/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml,<br>30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x<br>5/16" 1 ml | NF        |            |
| MM PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8<br>MM , 32G X 4 MM (insulin pen needle)                                                           | NF        |            |
| MM TWIST LANCETS (lancets)                                                                                                                         | NPB       |            |

| Prescription Drug Name                                                                                                                                                                                                                                                   | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| MONOJECT INSULIN SYRINGE U-100 1 ML ( <i>insulin syringes (disposable)</i> )                                                                                                                                                                                             | NF        |            |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML ( <i>insulin syringe-needle u-100</i> )                         | NF        |            |
| MONOLET LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                       | NPB       |            |
| MONOLET OPD LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                   | NPB       |            |
| MONOLETTOR SAFETY LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                             | NPB       |            |
| MULTI-LANCET DEVICE 2 KIT ( <i>lancets misc.</i> )                                                                                                                                                                                                                       | NPB       |            |
| MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                       | NF        |            |
| MYGLUCOHEALTH LANCETS 30G ( <i>lancets</i> )                                                                                                                                                                                                                             | NPB       |            |
| MYGLUCOHEALTH TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                               | NF        |            |
| NEUTEK 2TEK TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                 | NF        |            |
| NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                           | NF        |            |
| NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                     | NF        |            |
| NOVA MAX GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                            | NF        |            |
| NOVA MAX PLUS KETONE TEST IN VITRO STRIP ( <i>ketone blood test</i> )                                                                                                                                                                                                    | NPB       |            |
| NOVA SAFETY LANCETS 23G ( <i>lancets</i> )                                                                                                                                                                                                                               | NPB       |            |
| NOVA SAFETY LANCETS 28G ( <i>lancets</i> )                                                                                                                                                                                                                               | NPB       |            |
| NOVA SUREFLEX LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                 | NPB       |            |
| NOVA SUREFLEX LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                                                                                   | NPB       |            |
| NOVOFINE PEN NEEDLE 32G X 6 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                             | NF        |            |
| NOVOFINE PLUS PEN NEEDLE 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                        | NF        |            |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT ( <i>insulin disposable pump</i> )                                                                                                                                                                                                     | PB        |            |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 ( <i>insulin disposable pump</i> )                                                                                                                                                                                                          | PB        |            |

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| Prescription Drug Name                                                                                                                | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| OMNIPOD DASH INTRO (GEN 4) KIT ( <i>insulin disposable pump</i> )                                                                     | PB        |            |
| OMNIPOD DASH PDM (GEN 4) KIT ( <i>insulin disposable pump</i> )                                                                       | PB        |            |
| OMNIPOD DASH PODS (GEN 4) ( <i>insulin disposable pump</i> )                                                                          | PB        |            |
| OMNIPOD POD PALS ( <i>insulin dispos pmp accessories</i> )                                                                            | NF        |            |
| ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                                                                 | NF        |            |
| ON CALL EXPRESS MONITORING SYS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                 | NF        |            |
| <i>one drop blood glucose monitor kit w/device</i>                                                                                    | NF        |            |
| <i>one drop test in vitro strip</i>                                                                                                   | NF        |            |
| ONETOUCH DELICA PLUS LANCET30G ( <i>lancets</i> )                                                                                     | NF        |            |
| ONETOUCH DELICA PLUS LANCET33G ( <i>lancets</i> )                                                                                     | NF        |            |
| ONETOUCH DELICA PLUS LANCING ( <i>lancet devices</i> )                                                                                | NF        |            |
| ONETOUCH DELICA SAFETY LANCING ( <i>lancets</i> )                                                                                     | NF        |            |
| ONETOUCH ULTRA 2 KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                               | NF        |            |
| ONETOUCH ULTRA BLUE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                      | NF        |            |
| ONETOUCH ULTRA IN VITRO STRIP ( <i>glucose blood</i> )                                                                                | NF        |            |
| ONETOUCH ULTRA TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                           | NF        |            |
| ONETOUCH ULTRASOFT 2 LANCETS ( <i>lancets</i> )                                                                                       | NF        |            |
| ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                     | NF        |            |
| ONETOUCH VERIO IN VITRO STRIP ( <i>glucose blood</i> )                                                                                | NF        |            |
| ONETOUCH VERIO REFLECT KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                         | NF        |            |
| OPTIUMEZ TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                 | NF        |            |
| PARADIGM SILHOUETTE COMBO 23" ( <i>insulin infusion pump supplies</i> )                                                               | NPB       |            |
| <i>pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>                                                                        | NF        |            |
| <i>pen needle/5-bevel tip 31g x 8 mm , 32g x 4 mm</i>                                                                                 | NF        |            |
| <i>pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i> | NF        |            |
| PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )                     | NF        |            |

| Prescription Drug Name                                                                                                                                                             | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| PENTIPS GENERIC PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )                                              | NF        |            |
| PERFECT LANCETS 28G ( <i>lancets</i> )                                                                                                                                             | NPB       |            |
| PERFECT LANCETS 30G ( <i>lancets</i> )                                                                                                                                             | NPB       |            |
| <i>ph strips in vitro diagnostic test</i>                                                                                                                                          | NPB       |            |
| PHARMACIST CHOICE AUTOCODE IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                 | NF        |            |
| PHARMACIST CHOICE AUTOCODE SYS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                              | NF        |            |
| PHARMACIST CHOICE LANCETS ( <i>lancets</i> )                                                                                                                                       | NPB       |            |
| PHARMACIST CHOICE MINI SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                     | NF        |            |
| <i>pharmacist choice no coding in vitro strip</i>                                                                                                                                  | NF        |            |
| PIP BLOOD GLUCOSE MONITORING DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                      | NF        |            |
| PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                               | NF        |            |
| <i>pip lancets 28g</i>                                                                                                                                                             | NPB       |            |
| <i>pip lancets 30g</i>                                                                                                                                                             | NPB       |            |
| POCKETCHEM EZ SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                        | NF        |            |
| POCKETCHEM EZ TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                         | NF        |            |
| POGO AUTOMATIC BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                      | NF        |            |
| POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST ( <i>glucose blood</i> )                                                                                                   | NF        |            |
| PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )                                                                                             | NF        |            |
| <i>preferred plus unifine pentips 29g x 12mm</i>                                                                                                                                   | NF        |            |
| PREVENT DROSAFE PEN NEEDLES 31G X 6 MM , 31G X 8 MM ( <i>insulin pen needle</i> )                                                                                                  | NF        |            |
| PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM ( <i>insulin pen needle</i> )                                                                                                   | NF        |            |
| PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| <i>pro comfort lancets 30g</i>                                                                                                                                                     | NPB       |            |
| <i>pro comfort lancets 31g</i>                                                                                                                                                     | NPB       |            |

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|-------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>pro comfort pen needles 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm</i>                                        | NF        |            |
| <i>pro comfort safety lancets 30g</i>                                                                                   | NPB       |            |
| <i>pro voice v8/v9 glucose in vitro strip</i>                                                                           | NF        |            |
| <i>pro voice v9 glucose system device</i>                                                                               | NF        |            |
| PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                         | NF        |            |
| PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                   | NF        |            |
| PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| PRODIGY LANCETS 28G ( <i>lancets</i> )                                                                                  | NPB       |            |
| PRODIGY LANCING DEVICE ( <i>lancet devices</i> )                                                                        | NPB       |            |
| PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP ( <i>glucose blood</i> )                                                    | NF        |            |
| PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                     | NF        |            |
| PRODIGY SAFETY LANCETS 26G ( <i>lancets</i> )                                                                           | NPB       |            |
| PRODIGY TWIST TOP LANCETS 28G ( <i>lancets</i> )                                                                        | NPB       |            |
| PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                      | NF        |            |
| PTS PANELS EGLU TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                            | NF        |            |
| <i>pure comfort lancets 30g</i>                                                                                         | NPB       |            |
| <i>pure comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm</i>                                              | NF        |            |
| <i>px insulin syringe 30g x 1/2" 0.5 ml</i>                                                                             | NF        |            |
| <i>px lancets microthin 33g</i>                                                                                         | NPB       |            |
| <i>px lancets ultra thin 28g</i>                                                                                        | NPB       |            |
| <i>px mini pen needles 31g x 5 mm</i>                                                                                   | NF        |            |
| <i>qc advanced lancing device</i>                                                                                       | NPB       |            |
| <i>qc lancets super thin 30g</i>                                                                                        | NPB       |            |
| <i>qc lancets ultra thin</i>                                                                                            | NPB       |            |
| <i>qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>                                                              | NF        |            |
| <i>qc unifine pentips 32g x 4 mm</i>                                                                                    | NF        |            |
| <i>qc unilet lancets 28g</i>                                                                                            | NPB       |            |
| <i>qc unilet lancets micro thin</i>                                                                                     | NPB       |            |
| QUICKTEK KIT ( <i>blood glucose monitoring suppl</i> )                                                                  | NF        |            |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| QUICKTEK TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                           | NF        |            |
| QUICKTEK/METER KIT ( <i>blood glucose monitoring suppl</i> )                                                                                                    | NF        |            |
| QUINTET AC BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                       | NF        |            |
| QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                           | NF        |            |
| QUINTET BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                   | NF        |            |
| QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                              | NF        |            |
| <i>raya sure pen needle 29g x 12mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>                                                                      | NF        |            |
| READYLANCE SAFETY LANCETS ( <i>lancets</i> )                                                                                                                    | NPB       |            |
| <i>reality insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>                                                           | NF        |            |
| <i>reality lancets</i>                                                                                                                                          | NPB       |            |
| <i>reality trigger lancets</i>                                                                                                                                  | NPB       |            |
| REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                          | NF        |            |
| REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                            | NF        |            |
| RELION ALL-IN-ONE DEVICE ( <i>blood gluc meter disp-strips</i> )                                                                                                | NF        |            |
| RELION BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                               | NF        |            |
| RELION CONFIRM GLUCOSE MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                           | NF        |            |
| RELION CONFIRM/MICRO TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                               | NF        |            |
| RELION GLUCOSE TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )                                                                                              | NF        |            |
| RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML ( <i>insulin syringe-needle u-100</i> )                                                                              | PB        |            |
| RELION KETONE TEST IN VITRO STRIP ( <i>acetone (urine) test</i> )                                                                                               | NPB       |            |
| RELION LANCET DEVICES 30G ( <i>lancets</i> )                                                                                                                    | NPB       |            |
| RELION LANCETS MICRO-THIN 33G ( <i>lancets</i> )                                                                                                                | NPB       |            |

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|---------------------------------------------------------------------------------------|-----------|------------|
| RELION LANCETS THIN 26G ( <i>lancets</i> )                                            | NPB       |            |
| RELION LANCETS ULTRA-THIN 30G ( <i>lancets</i> )                                      | NPB       |            |
| RELION LANCING DEVICE ( <i>lancet devices</i> )                                       | NPB       |            |
| RELION MICRO KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                   | NF        |            |
| RELION PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> ) | NF        |            |
| RELION PREMIER BLU MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )           | NF        |            |
| RELION PREMIER COMPACT SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )  | NF        |            |
| RELION PREMIER VOICE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )         | NF        |            |
| RELION PRIME MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                 | NF        |            |
| RELION PRIME TEST IN VITRO STRIP ( <i>glucose blood</i> )                             | NF        |            |
| RELION TRUE MET AIR GLUC METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> ) | PB        |            |
| RELION TRUE METRIX TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )                | PB        |            |
| RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )   | NF        |            |
| RELION ULTIMA TEST IN VITRO STRIP ( <i>glucose blood</i> )                            | NF        |            |
| RELION ULTRA THIN LANCETS 30G ( <i>lancets</i> )                                      | NPB       |            |
| RIGHTEST ALTERNATE SITE ADAPT ( <i>lancets misc.</i> )                                | NPB       |            |
| RIGHTEST GD500 LANCING DEVICE ( <i>lancet devices</i> )                               | NPB       |            |
| RIGHTEST GL300 LANCETS ( <i>lancets</i> )                                             | NPB       |            |
| RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )   | NF        |            |
| RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )   | NF        |            |
| RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )   | NF        |            |
| RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                  | NF        |            |
| RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                  | NF        |            |
| RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                  | NF        |            |

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|----------------------------------------------------------------------------------------------------------------------|-----------|------------|
| RIGHTEST GT333 BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                        | NF        |            |
| RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                                                 | NF        |            |
| RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                  | NF        |            |
| <i>safety lancet 30g/pressure act</i>                                                                                | NPB       |            |
| SAFETY LANCETS ( <i>lancets</i> )                                                                                    | NPB       |            |
| SAFETY LANCETS 21G ( <i>lancets</i> )                                                                                | NPB       |            |
| SAFETY LANCETS 23G ( <i>lancets</i> )                                                                                | NPB       |            |
| <i>safety lancets 28g</i>                                                                                            | NPB       |            |
| <i>safety pen needles 30g x 5 mm , 30g x 8 mm</i>                                                                    | NF        |            |
| <i>saps health plus lancets</i>                                                                                      | NPB       |            |
| <i>saps health twist top lancets</i>                                                                                 | NPB       |            |
| <i>saps twist top lancets</i>                                                                                        | NPB       |            |
| <i>sapscare twist top lancets</i>                                                                                    | NPB       |            |
| <i>sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 1 ml</i> | NF        |            |
| <i>sb lancets thin</i>                                                                                               | NPB       |            |
| <i>sb lancets ultra thin</i>                                                                                         | NPB       |            |
| SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )                | NF        |            |
| SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM ( <i>insulin pen needle</i> )                                               | NF        |            |
| <i>select-lite lancing device</i>                                                                                    | NPB       |            |
| SIMPLE DIAGNOSTICS LANCING DEV ( <i>lancet devices</i> )                                                             | NPB       |            |
| SIMPLERA SENSOR ( <i>continuous glucose sensor</i> )                                                                 | NF        |            |
| SIMPLERA SYNC SENSOR ( <i>continuous glucose sensor</i> )                                                            | NF        |            |
| SIMPLERA SYSTEM ( <i>continuous glucose sensor</i> )                                                                 | NF        |            |
| SINGLE-LET ( <i>lancets</i> )                                                                                        | NPB       |            |
| SMART DIABETES VANTAGE LANCING ( <i>lancet devices</i> )                                                             | NPB       |            |
| SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                  | NF        |            |
| SMARTEST EJECT DEVICE ( <i>blood glucose monitoring suppl</i> )                                                      | NF        |            |
| SMARTEST EJECT STARTER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                        | NF        |            |
| SMARTEST LANCETS 28G ( <i>lancets</i> )                                                                              | NPB       |            |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| SMARTEST PERSONA STARTER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                 | NF        |            |
| SMARTEST PRONTO STARTER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                  | NF        |            |
| SMARTEST PROTEGE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                               | NF        |            |
| SMARTEST PROTEGE STARTER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                 | NF        |            |
| SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                                  | NF        |            |
| SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                                                                                                            | NF        |            |
| SOLUS V2 LANCETS 28G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                         | NPB       |            |
| SOLUS V2 LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                                                                                                                                                                               | NPB       |            |
| SOLUS V2 TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                                                                                                           | NF        |            |
| SOLUS V2 TWIST LANCETS 30G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                   | NPB       |            |
| STERILANCE TL ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                | NPB       |            |
| <i>super thin lancets</i>                                                                                                                                                                                                                                                                                                                                       | NPB       |            |
| SUPREME TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                                                                                                            | NF        |            |
| <i>sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | NF        |            |
| <i>sure comfort lancets 18g</i>                                                                                                                                                                                                                                                                                                                                 | NPB       |            |
| <i>sure comfort lancets 21g</i>                                                                                                                                                                                                                                                                                                                                 | NPB       |            |
| <i>sure comfort lancets 23g</i>                                                                                                                                                                                                                                                                                                                                 | NPB       |            |
| <i>sure comfort lancets 28g</i>                                                                                                                                                                                                                                                                                                                                 | NPB       |            |
| <i>sure comfort lancets 30g</i>                                                                                                                                                                                                                                                                                                                                 | NPB       |            |
| <i>sure comfort lancing pen</i>                                                                                                                                                                                                                                                                                                                                 | NPB       |            |
| <i>sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>                                                                                                                                                                                                                                      | NF        |            |
| SURELITE LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                             | NPB       |            |
| T:FLEX T:LOCK CARTRIDGE 4.8ML ( <i>insulin infusion pump supplies</i> )                                                                                                                                                                                                                                                                                         | NPB       |            |
| T:SLIM X2 3ML CARTRIDGE ( <i>insulin infusion pump supplies</i> )                                                                                                                                                                                                                                                                                               | NPB       |            |
| TANDEM MOBI AUTOSOFT 30 KIT ( <i>insulin infusion pump supplies</i> )                                                                                                                                                                                                                                                                                           | NPB       |            |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| TANDEM MOBI AUTOSOFT XC KIT ( <i>insulin infusion pump supplies</i> )                                                                                                  | NPB       |            |
| TANDEM MOBI SYSTEM STARTER KIT ( <i>insulin infusion pump</i> )                                                                                                        | NPB       |            |
| TANDEM MOBI TRUSTEEL SUPP KIT ( <i>insulin infusion pump supplies</i> )                                                                                                | NPB       |            |
| TECHLITE AST LANCETS ( <i>lancets</i> )                                                                                                                                | NPB       |            |
| <i>techlite insulin syringe 30g x 1/2" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | NF        |            |
| TECHLITE LANCETS ( <i>lancets</i> )                                                                                                                                    | NPB       |            |
| TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )                                                      | NF        |            |
| <i>today's health pen needles 29g x 12mm</i>                                                                                                                           | NF        |            |
| <i>today's health short pen needle 31g x 8 mm</i>                                                                                                                      | NF        |            |
| <i>today's health thin lancets 28g</i>                                                                                                                                 | NPB       |            |
| <i>today's health thin lancets 30g</i>                                                                                                                                 | NPB       |            |
| TOXICOLOGY MED COLLECTION SYS IN VITRO KIT ( <i>drug assay (urine)</i> )                                                                                               | NPB       |            |
| TRAVEL LANCETS ADVANCED 28G ( <i>lancets</i> )                                                                                                                         | NPB       |            |
| <i>true comfort insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>                                                                                               | NF        |            |
| <i>true comfort pen needles 31g x 5 mm , 31g x 6 mm , 32g x 4 mm</i>                                                                                                   | NF        |            |
| <i>true comfort pro insulin syr 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml</i>                                                                           | NF        |            |
| <i>true comfort pro pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>                 | NF        |            |
| <i>true comfort safety lancets</i>                                                                                                                                     | NPB       |            |
| <i>true comfort twist top lancets</i>                                                                                                                                  | NPB       |            |
| TRUE FOCUS BLOOD GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                        | NF        |            |
| <i>true focus blood glucose strip in vitro strip</i>                                                                                                                   | NF        |            |
| TRUE METRIX AIR GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                         | PB        |            |
| TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                   | PB        |            |
| TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                 | PB        |            |

| Prescription Drug Name                                                                                                                                                                                                                                                            | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| TRUE METRIX GO GLUCOSE METER KIT W/DEVICE<br>(blood glucose monitoring suppl)                                                                                                                                                                                                     | PB        |            |
| TRUE METRIX METER KIT W/DEVICE (blood glucose<br>monitoring suppl)                                                                                                                                                                                                                | PB        |            |
| TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X<br>5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (insulin pen<br>needle)                                                                                                                                                          | NF        |            |
| TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X<br>1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2"<br>1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1<br>ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1<br>ML (insulin syringe-needle u-100) | NF        |            |
| TRUEPLUS LANCETS 26G (lancets)                                                                                                                                                                                                                                                    | NPB       |            |
| TRUEPLUS LANCETS 28G (lancets)                                                                                                                                                                                                                                                    | PB        |            |
| TRUEPLUS LANCETS 30G (lancets)                                                                                                                                                                                                                                                    | PB        |            |
| TRUEPLUS LANCETS 33G (lancets)                                                                                                                                                                                                                                                    | PB        |            |
| TRUEPLUS SAFETY LANCETS 28G (lancets)                                                                                                                                                                                                                                             | NPB       |            |
| TRUERESULT BLOOD GLUCOSE KIT W/DEVICE (blood<br>glucose monitoring suppl)                                                                                                                                                                                                         | NF        |            |
| TRUETEST TEST IN VITRO STRIP (glucose blood)                                                                                                                                                                                                                                      | NF        |            |
| TRUETRACK BLOOD GLUCOSE DEVICE (blood glucose<br>monitoring suppl)                                                                                                                                                                                                                | NF        |            |
| TRUETRACK BLOOD GLUCOSE KIT W/DEVICE (blood<br>glucose monitoring suppl)                                                                                                                                                                                                          | NF        |            |
| TRUETRACK SMART SYSTEM KIT (blood glucose<br>monitoring suppl)                                                                                                                                                                                                                    | NF        |            |
| TRUETRACK TEST IN VITRO STRIP (glucose blood)                                                                                                                                                                                                                                     | NF        |            |
| TRUSTEEL INFUSION SET (insulin infusion pump supplies)                                                                                                                                                                                                                            | NPB       |            |
| TWIIST REFILL KIT KIT (insulin disposable pump)                                                                                                                                                                                                                                   | PB        |            |
| TWIIST REFILL KIT/INFUSION SET KIT (insulin disposable<br>pump)                                                                                                                                                                                                                   | PB        |            |
| TWIIST STARTER KIT KIT (insulin disposable pump)                                                                                                                                                                                                                                  | PB        |            |
| twist top lancets 30g                                                                                                                                                                                                                                                             | NPB       |            |
| ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G<br>X 1/2" 1 ML (insulin syringe-needle u-100)                                                                                                                                                                                  | NF        |            |

| Prescription Drug Name                                                                                                                                                                                                                                                                                                                                                                       | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                                                | NF        |            |
| ULTICARE MINI PEN NEEDLES 30G X 5 MM , 31G X 6 MM , 32G X 6 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                                                 | NF        |            |
| ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                                                                 | NF        |            |
| ULTICARE SHORT PEN NEEDLES 30G X 8 MM , 31G X 8 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                                                             | NF        |            |
| ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                    | NF        |            |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )                                                                                                                                                                                                        | NF        |            |
| ULTI-LANCE AUTOMATIC ( <i>lancet devices</i> )                                                                                                                                                                                                                                                                                                                                               | NPB       |            |
| ULTILET CLASSIC LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                                   | NPB       |            |
| ULTILET LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                                           | NPB       |            |
| ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                                         | NF        |            |
| ULTILET SAFETY LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                                    | NPB       |            |
| ULTILET SAFETY LANCETS 23G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                                | NPB       |            |
| <i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>                                                                                                                                                                                                                                                                                                                                      | NF        |            |
| ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                                | NF        |            |
| ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )                                                                                                                                                                                                                                                             | NF        |            |
| ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )                                                                                                              | NF        |            |
| <i>ultra thin lancets 31g</i>                                                                                                                                                                                                                                                                                                                                                                | NPB       |            |

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| Prescription Drug Name                                                                                                                                                                  | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ULTRA THIN PEN NEEDLES 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                         | NF        |            |
| <i>ultracare insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | NF        |            |
| <i>ultra-care lancets 30g</i>                                                                                                                                                           | NPB       |            |
| <i>ultracare pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm</i>                                                                   | NF        |            |
| ULTRA-THIN II AUTO LANCET ( <i>lancets</i> )                                                                                                                                            | NPB       |            |
| ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )  | NF        |            |
| ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )                                                                                | NF        |            |
| ULTRA-THIN II LANCETS ( <i>lancets</i> )                                                                                                                                                | NPB       |            |
| ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM ( <i>insulin pen needle</i> )                                                                                                                  | NF        |            |
| ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM ( <i>insulin pen needle</i> )                                                                                                                 | NF        |            |
| ULTRA-THIN II PEN NEEDLES 29G X 12.7MM ( <i>insulin pen needle</i> )                                                                                                                    | NF        |            |
| UNIFINE PENTIPS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM ( <i>insulin pen needle</i> )                                     | NF        |            |
| UNIFINE PENTIPS PLUS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM ( <i>insulin pen needle</i> )                                             | NF        |            |
| UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                           | NF        |            |
| UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                | NF        |            |
| UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                | NF        |            |
| UNILET COMFORTOUCH LANCET ( <i>lancets</i> )                                                                                                                                            | NPB       |            |
| UNILET EXCELITE ( <i>lancets</i> )                                                                                                                                                      | NPB       |            |
| UNILET EXCELITE II ( <i>lancets</i> )                                                                                                                                                   | NPB       |            |
| UNILET G.P. LANCET ( <i>lancets</i> )                                                                                                                                                   | NPB       |            |
| UNILET G.P. SUPERLITE LANCET ( <i>lancets</i> )                                                                                                                                         | NPB       |            |
| UNILET GP 28 ULTRA THIN ( <i>lancets</i> )                                                                                                                                              | NPB       |            |

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| Prescription Drug Name                                                                                                                                                                               | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| UNILET LANCET ( <i>lancets</i> )                                                                                                                                                                     | NPB       |            |
| UNILET MICRO-THIN 33G ( <i>lancets</i> )                                                                                                                                                             | NPB       |            |
| UNILET SUPERLITE LANCET ( <i>lancets</i> )                                                                                                                                                           | NPB       |            |
| UNILET SUPER-THIN 30G ( <i>lancets</i> )                                                                                                                                                             | NPB       |            |
| UNILET ULTRA-THIN 28G ( <i>lancets</i> )                                                                                                                                                             | NPB       |            |
| UNISTIK 1 ( <i>lancets</i> )                                                                                                                                                                         | NPB       |            |
| UNISTIK 2 ( <i>lancets</i> )                                                                                                                                                                         | NPB       |            |
| UNISTIK 2 COMFORT ( <i>lancets</i> )                                                                                                                                                                 | NPB       |            |
| UNISTIK 2 EXTRA ( <i>lancets</i> )                                                                                                                                                                   | NPB       |            |
| UNISTIK 2 NEONATAL ( <i>lancets</i> )                                                                                                                                                                | NPB       |            |
| UNISTIK 2 NORMAL ( <i>lancets</i> )                                                                                                                                                                  | NPB       |            |
| UNISTIK 2 SUPER ( <i>lancets</i> )                                                                                                                                                                   | NPB       |            |
| UNISTIK 3 ( <i>lancets</i> )                                                                                                                                                                         | NPB       |            |
| UNISTIK 3 COMFORT ( <i>lancets</i> )                                                                                                                                                                 | NPB       |            |
| UNISTIK 3 EXTRA ( <i>lancets</i> )                                                                                                                                                                   | NPB       |            |
| UNISTIK 3 GENTLE ( <i>lancets</i> )                                                                                                                                                                  | NPB       |            |
| UNISTIK 3 NEONATAL ( <i>lancets</i> )                                                                                                                                                                | NPB       |            |
| UNISTIK 3 NORMAL ( <i>lancets</i> )                                                                                                                                                                  | NPB       |            |
| UNISTIK CZT COMFORT ( <i>lancets</i> )                                                                                                                                                               | NPB       |            |
| UNISTIK CZT NORMAL ( <i>lancets</i> )                                                                                                                                                                | NPB       |            |
| UNISTIK NORMAL ( <i>lancets</i> )                                                                                                                                                                    | NPB       |            |
| UNISTIK PRO SAFETY LANCET ( <i>lancets</i> )                                                                                                                                                         | NPB       |            |
| UNISTIK SAFETY LANCETS 28G ( <i>lancets</i> )                                                                                                                                                        | NPB       |            |
| UNISTIK SAFETY LANCETS 30G ( <i>lancets</i> )                                                                                                                                                        | NPB       |            |
| UNISTIK TOUCH SAFETY LANC 21G ( <i>lancets</i> )                                                                                                                                                     | NPB       |            |
| UNISTIK TOUCH SAFETY LANC 23G ( <i>lancets</i> )                                                                                                                                                     | NPB       |            |
| UNISTIK TOUCH SAFETY LANC 28G ( <i>lancets</i> )                                                                                                                                                     | NPB       |            |
| UNISTIK TOUCH SAFETY LANC 30G ( <i>lancets</i> )                                                                                                                                                     | NPB       |            |
| UNISTRIP1 GENERIC IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                            | NF        |            |
| VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| VARISOFT INFUSION SET ( <i>insulin infusion pump supplies</i> )                                                                                                                                      | NPB       |            |
| verasens blood glucose meter device                                                                                                                                                                  | NF        |            |
| verasens blood glucose system kit w/device                                                                                                                                                           | NF        |            |

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| Prescription Drug Name                                                                                                                                                                                                                | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>verasens blood glucose test in vitro strip</i>                                                                                                                                                                                     | NF        |            |
| VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )                                                                                                              | NF        |            |
| VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                           | NF        |            |
| VERIFINE SAFE LANCET MINI 21G ( <i>lancets</i> )                                                                                                                                                                                      | NPB       |            |
| VERIFINE SAFE LANCET MINI 23G ( <i>lancets</i> )                                                                                                                                                                                      | NPB       |            |
| VERIFINE SAFE LANCET MINI 28G ( <i>lancets</i> )                                                                                                                                                                                      | NPB       |            |
| VERIFINE SAFE LANCET MINI 30G ( <i>lancets</i> )                                                                                                                                                                                      | NPB       |            |
| VERIFINE UNIVERSAL LANCETS 28G ( <i>lancets</i> )                                                                                                                                                                                     | NPB       |            |
| VERIFINE UNIVERSAL LANCETS 30G ( <i>lancets</i> )                                                                                                                                                                                     | NPB       |            |
| VERIFINE UNIVERSAL LANCETS 33G ( <i>lancets</i> )                                                                                                                                                                                     | NPB       |            |
| V-GO 20 KIT 20 UNIT/24HR ( <i>insulin disposable pump</i> )                                                                                                                                                                           | NF        |            |
| V-GO 30 KIT 30 UNIT/24HR ( <i>insulin disposable pump</i> )                                                                                                                                                                           | NF        |            |
| V-GO 40 KIT 40 UNIT/24HR ( <i>insulin disposable pump</i> )                                                                                                                                                                           | NF        |            |
| VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID ( <i>blood glucose calibration</i> )                                                                                                                                                   | NPB       |            |
| VIVAGUARD INO GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                          | NF        |            |
| VIVAGUARD INO GLUCOSE METER KIT ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                             | NF        |            |
| VIVAGUARD INO SMART GLUC METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                       | NF        |            |
| VIVAGUARD INO TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                     | NF        |            |
| VIVAGUARD LANCETS ( <i>lancets</i> )                                                                                                                                                                                                  | NPB       |            |
| VIVAGUARD LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                                                    | NPB       |            |
| <i>wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>                                                                                                                                                 | NF        |            |
| <i>zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>                                                                                                                                 | NF        |            |
| <i>zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>                                                                                                                                                            | NF        |            |
| <i>zevrx twist top lancets 30g</i>                                                                                                                                                                                                    | NPB       |            |

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|------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>ENDOMETRIOSIS</b>                                                                                                               |           |                                            |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>                                                                                  | G         | N8 (Listing does not include certain NDCs) |
| ORILISSA ORAL TABLET 150 MG, 200 MG ( <i>elagolix sodium</i> )                                                                     | PB        |                                            |
| SYNAREL NASAL SOLUTION 2 MG/ML ( <i>nafarelin acetate</i> )                                                                        | NPB       |                                            |
| <b>FERTILITY REGULATORS</b>                                                                                                        |           |                                            |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG ( <i>cetrorelix acetate</i> )                                                                   | NF        |                                            |
| <i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>                                                      | NF        |                                            |
| FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML ( <i>follitropin beta</i> )                      | PSP       |                                            |
| <i>ganirelix acetate</i> (Fyremadel Subcutaneous Solution Prefilled Syringe 250 Mcg/0.5ml)                                         | NF        |                                            |
| <i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>                                                     | NF        |                                            |
| <i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>                                                     | PSP       |                                            |
| GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT ( <i>follitropin alfa</i> )                                                      | NF        |                                            |
| GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML ( <i>follitropin alfa</i> ) | NF        |                                            |
| MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>menotropins</i> )                                                         | PSP       |                                            |
| NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT ( <i>chorionic gonadotropin</i> )                                           | NF        |                                            |
| OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML ( <i>choriogonadotropin alfa</i> )                                   | NF        |                                            |
| PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT ( <i>chorionic gonadotropin</i> )                                          | PSP       |                                            |
| <b>GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>                                                                      |           |                                            |
| AGAMREE ORAL SUSPENSION 40 MG/ML ( <i>vamorolone</i> )                                                                             | NF        |                                            |
| ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG ( <i>hydrocortisone</i> )                                          | NF        |                                            |
| <i>dexamethasone (la) injection suspension 8 mg/ml</i>                                                                             | NF        |                                            |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>dexamethasone</i> )                                                           | NPB       |                                            |

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|--------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>dexamethasone oral elixir 0.5 mg/5ml</i>                                                      | G         | N8 (Listing does not include certain NDCs) |
| <i>dexamethasone oral solution 0.5 mg/5ml</i>                                                    | G         |                                            |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg</i>                         | G         |                                            |
| <i>dexamethasone oral tablet 1.5 mg</i>                                                          | G         | N8 (Listing does not include certain NDCs) |
| <i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>              | G         |                                            |
| DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML ( <i>dexamethasone sodium phosphate</i> )          | NF        |                                            |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML ( <i>deflazacort</i> )                                       | NF        |                                            |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG ( <i>deflazacort</i> )                             | NF        |                                            |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i>                                                | G         |                                            |
| HEMADY ORAL TABLET 20 MG ( <i>dexamethasone</i> )                                                | NF        |                                            |
| <i>dexamethasone</i> (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))                          | G         |                                            |
| <i>hydrocortisone oral tablet 10 mg, 5 mg</i>                                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>hydrocortisone oral tablet 20 mg</i>                                                          | G         |                                            |
| MEDROL ORAL TABLET 2 MG ( <i>methylprednisolone</i> )                                            | NPB       |                                            |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                   | G         |                                            |
| <i>methylprednisolone oral tablet therapy pack 4 mg</i>                                          | G         |                                            |
| ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG ( <i>prednisolone sodium phosphate</i> ) | NPB       |                                            |
| <i>prednisolone oral solution 15 mg/5ml</i>                                                      | G         |                                            |
| <i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>                          | NF        |                                            |
| <i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>                          | G         |                                            |
| <i>prednisolone sodium phosphate oral solution 5 mg/5ml</i>                                      | G         | N8 (Listing does not include certain NDCs) |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML ( <i>prednisone</i> )                               | NPB       |                                            |
| <i>prednisone oral solution 5 mg/5ml</i>                                                         | G         |                                            |
| <i>prednisone oral tablet 1 mg, 20 mg, 5 mg</i>                                                  | G         | N8 (Listing does not include certain NDCs) |
| <i>prednisone oral tablet 10 mg, 2.5 mg, 50 mg</i>                                               | G         |                                            |

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|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>                                                        | G         |            |
| TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) ( <i>dexamethasone</i> )                                                                  | NF        |            |
| <i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))                                                             | NF        |            |
| TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) ( <i>dexamethasone</i> )                                                                   | NF        |            |
| <b>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</b>                                                                               |           |            |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )                                                                                    | PB        |            |
| BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )                                                                                    | PB        |            |
| <i>glucagon emergency injection solution reconstituted 1 mg, 1 mg/ml</i>                                                                       | NF        |            |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )                                          | PB        |            |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )                                          | PB        |            |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML ( <i>glucagon</i> )                                                               | PB        |            |
| PROGLYCEM ORAL SUSPENSION 50 MG/ML ( <i>diazoxide</i> )                                                                                        | NPB       |            |
| <b>GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH</b>                                                                                     |           |            |
| VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG ( <i>vosoritide</i> )                                                      | NPSP      |            |
| <b>HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT</b>                                                   |           |            |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>nitisinone</i> )                                                                                      | NF        |            |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG ( <i>nitisinone</i> )                                                                            | PSP       |            |
| ORFADIN ORAL SUSPENSION 4 MG/ML ( <i>nitisinone</i> )                                                                                          | PSP       |            |
| <b>HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES</b>                                                                            |           |            |
| GENOTROPIN MINISUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG ( <i>somatropin</i> ) | NF        |            |

| Prescription Drug Name                                                                                                                    | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG<br>( <i>somatropin</i> )                                                                    | NF        |            |
| HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG<br>( <i>somatropin</i> )                                                                 | PSP       |            |
| NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML<br>( <i>somatogon-ghla</i> )                                           | NF        |            |
| NORDIPEN 5 INJECTION DEVICE ( <i>injection device</i> )                                                                                   | NPSP      |            |
| NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML<br>( <i>somatropin</i> )                      | PSP       |            |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML<br>( <i>somatropin</i> )                                               | NF        |            |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML<br>( <i>somatropin</i> )                                               | NF        |            |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML<br>( <i>somatropin</i> )                                                 | NF        |            |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML<br>( <i>somatropin</i> )                                                | NF        |            |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG<br>( <i>somatropin</i> )                                                             | NF        |            |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG<br>( <i>somatropin (non-refrigerated)</i> )                                 | NPSP      |            |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG<br>( <i>lonapegsomatropin-tcgd</i> ) | NF        |            |
| ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG<br>( <i>somatropin</i> )                                                         | NF        |            |
| <b>LYSOSOMAL STORAGE DISORDERS - DRUGS TO TREAT LYSOSOMAL STORAGE DISORDERS</b>                                                           |           |            |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG<br>( <i>arimoclomol citrate</i> )                                                       | NF        |            |
| OPFOLDA ORAL CAPSULE 65 MG ( <i>miglustat (gaa deficiency)</i> )                                                                          | NF        |            |
| <b>LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE - DRUGS TO TREAT FABRY DISEASE</b>                                                         |           |            |
| GALAFOLD ORAL CAPSULE 123 MG ( <i>migalastat hcl</i> )                                                                                    | PSP       |            |
| <b>LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE - DRUGS TO TREAT GAUCHER DISEASE</b>                                                     |           |            |
| CERDELGA ORAL CAPSULE 84 MG ( <i>eliglustat tartrate</i> )                                                                                | PSP       |            |

| Prescription Drug Name                                                                                                                      | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>imiglucerase</i> )                                                                | PSP       |            |
| ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT ( <i>taliglucerase alfa</i> )                                                           | NF        |            |
| <i>miglustat oral capsule 100 mg</i>                                                                                                        | G         |            |
| VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>velaglucerase alfa</i> )                                                             | NF        |            |
| ZAVESCA ORAL CAPSULE 100 MG ( <i>miglustat</i> )                                                                                            | NPSP      |            |
| <b>MENOPAUSAL SYMPTOM AGENTS - DRUGS TO TREAT MENOPAUSE</b>                                                                                 |           |            |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> )                                         | NPB       |            |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG ( <i>drospirenone-estradiol</i> )                                                                 | NPB       |            |
| BIJUVA ORAL CAPSULE 1-100 MG ( <i>estradiol-progesterone</i> )                                                                              | NPB       |            |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY ( <i>estradiol-levonorgestrel</i> )                                                 | NF        |            |
| CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> ) | NF        |            |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY ( <i>estradiol-norethindrone acet</i> )                        | PB        |            |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML ( <i>estradiol valerate</i> )                                                                        | NPB       |            |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML ( <i>estradiol cypionate</i> )                                                                     | NPB       |            |
| DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM ( <i>estradiol</i> )                          | NF        |            |
| <i>estradiol</i> (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)             | G         |            |
| DUAVEE ORAL TABLET 0.45-20 MG ( <i>conj estrogens-bazedoxifene</i> )                                                                        | PB        |            |
| <i>ec-rx estradiol transdermal cream 0.4 %, 0.6 %</i>                                                                                       | NF        |            |
| ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) ( <i>estradiol</i> )                                                                       | NF        |            |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                             | G         |            |

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|---------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>               | G         |            |
| <i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>       | G         |            |
| <i>estradiol vaginal cream 0.01 %</i>                                                                                                 | G         |            |
| <i>estradiol vaginal tablet 10 mcg</i>                                                                                                | NF        |            |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>                                                                        | G         |            |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>                                                                  | G         |            |
| ESTRING VAGINAL RING 7.5 MCG/24HR ( <i>estradiol</i> )                                                                                | NF        |            |
| ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) ( <i>estradiol</i> )                                                                 | NPB       |            |
| EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY ( <i>estradiol</i> )                                                                       | NF        |            |
| FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR ( <i>estradiol acetate</i> )                                                           | NF        |            |
| <i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)                                                   | G         |            |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG ( <i>estradiol</i> )                                                            | PB        |            |
| IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG ( <i>estradiol</i> )                                                                | PB        |            |
| <i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)                                                                   | G         |            |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR ( <i>estradiol</i> )                                                                    | NF        |            |
| <i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)                                                                     | G         |            |
| MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> ) | NF        |            |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>                                                             | G         |            |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG ( <i>estrogens conjugated</i> )                                       | NF        |            |
| PREMARIN VAGINAL CREAM 0.625 MG/GM ( <i>estrogens, conjugated</i> )                                                                   | NF        |            |
| PREMPHASE ORAL TABLET 0.625-5 MG ( <i>conj estrog-medroxyprogest ace</i> )                                                            | PB        |            |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG ( <i>conj estrog-medroxyprogest ace</i> )                       | PB        |            |

| Prescription Drug Name                                                                                                                  | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| VAGIFEM VAGINAL TABLET 10 MCG ( <i>estradiol</i> )                                                                                      | PB        |            |
| VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> ) | NF        |            |
| <i>estradiol</i> (Yuvaferm Vaginal Tablet 10 Mcg)                                                                                       | NF        |            |
| <b>MISCELLANEOUS</b>                                                                                                                    |           |            |
| ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML ( <i>corticotropin</i> )                                                 | NPSP      |            |
| ACTHAR INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )                                                                                | NPSP      |            |
| <i>betaine oral powder</i>                                                                                                              | G         |            |
| <i>cabergoline oral tablet 0.5 mg</i>                                                                                                   | G         |            |
| CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML ( <i>corticotropin</i> )                                        | NPSP      |            |
| CORTROPHIN INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )                                                                            | NPSP      |            |
| CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG ( <i>crinecerfont</i> )                                                                    | NPSP      |            |
| CRENESSITY ORAL SOLUTION 50 MG/ML ( <i>crinecerfont</i> )                                                                               | NPSP      |            |
| CYSTADANE ORAL POWDER ( <i>betaine</i> )                                                                                                | NF        |            |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG ( <i>cysteamine bitartrate</i> )                                                                    | PSP       |            |
| EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG ( <i>tesamorelin acetate</i> )                                                                      | NPSP      |            |
| EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML ( <i>romosozumab-aqqg</i> )                                               | NF        |            |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>setmelanotide acetate</i> )                                                                | NF        |            |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML ( <i>mecasermin</i> )                                                                          | NPSP      |            |
| INTRAROSA VAGINAL INSERT 6.5 MG ( <i>prasterone</i> )                                                                                   | NF        |            |
| JYNARQUE ORAL TABLET 15 MG, 30 MG ( <i>tolvaptan</i> )                                                                                  | NF        |            |
| JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG ( <i>tolvaptan</i> )                            | NF        |            |
| KORLYM ORAL TABLET 300 MG ( <i>mifepristone</i> )                                                                                       | NF        |            |
| KUVAN ORAL PACKET 100 MG, 500 MG ( <i>sapropterin dihydrochloride</i> )                                                                 | NF        |            |
| KUVAN ORAL TABLET 100 MG ( <i>sapropterin dihydrochloride</i> )                                                                         | NF        |            |
| <i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)                                                                         | G         |            |
| <i>methylergonovine maleate oral tablet 0.2 mg</i>                                                                                      | G         |            |

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|-------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG ( <i>metreleptin</i> )                                              | NPSP      |            |
| OSPHEA ORAL TABLET 60 MG ( <i>ospemifene</i> )                                                                          | NF        |            |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML ( <i>pegvaliase-pqpz</i> )         | NF        |            |
| <i>raloxifene hcl oral tablet 60 mg</i>                                                                                 | CE        |            |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG ( <i>resmetirom</i> )                                                        | NPB       |            |
| SAMSCA ORAL TABLET 15 MG, 30 MG ( <i>tolvaptan</i> )                                                                    | NPSP      |            |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG ( <i>pasireotide pamoate</i> ) | NF        |            |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML ( <i>pasireotide diaspargate</i> )                       | NPSP      |            |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML ( <i>asfotase alfa</i> )                | NPSP      |            |
| VEOZAH ORAL TABLET 45 MG ( <i>fezolinetant</i> )                                                                        | NPB       |            |
| VIJOICE ORAL PACKET 50 MG ( <i>alpelisib</i> )                                                                          | NF        |            |
| VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG ( <i>alpelisib</i> )                                        | NF        |            |
| XURIDEN ORAL PACKET 2 GM ( <i>uridine triacetate</i> )                                                                  | NPSP      |            |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG ( <i>lonafarnib</i> )                                                                 | NPSP      |            |
| <b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b>                                        |           |            |
| AURYXIA ORAL TABLET 1 GM 210 MG(Fe) ( <i>ferric citrate</i> )                                                           | PB        |            |
| <i>calcium acetate (phos binder) oral capsule 667 mg</i>                                                                | G         |            |
| <i>calcium acetate (phos binder) oral tablet 667 mg</i>                                                                 | G         |            |
| FOSRENOL ORAL PACKET 1000 MG, 750 MG ( <i>lanthanum carbonate</i> )                                                     | NF        |            |
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG ( <i>lanthanum carbonate</i> )                                    | NF        |            |
| <i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>                                                 | NF        |            |
| RENVELA ORAL PACKET 0.8 GM, 2.4 GM ( <i>sevelamer carbonate</i> )                                                       | NF        |            |
| RENVELA ORAL TABLET 800 MG ( <i>sevelamer carbonate</i> )                                                               | NF        |            |
| <i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>                                                                   | G         |            |
| <i>sevelamer carbonate oral tablet 800 mg</i>                                                                           | G         |            |

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|-------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i>                                                       | G         |            |
| VELPHORO ORAL TABLET CHEWABLE 500 MG<br>( <i>sucroferric oxyhydroxide</i> )                           | NF        |            |
| XPHOZAH ORAL TABLET 20 MG ( <i>tenapanor hcl (ckd)</i> )                                              | NF        |            |
| <b>POLYNEUROPATHY</b>                                                                                 |           |            |
| WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR<br>45 MG/0.8ML ( <i>eplontersen sodium</i> )               | NF        |            |
| <b>POTASSIUM-REMOVING AGENTS - DRUGS TO REGULATE POTASSIUM LEVELS</b>                                 |           |            |
| <i>sodium polystyrene sulfonate</i> (Kionex Combination Suspension 15 Gm/60ML)                        | G         |            |
| LOKELMA ORAL PACKET 10 GM, 5 GM ( <i>sodium zirconium cyclosilicate</i> )                             | NF        |            |
| <i>sodium polystyrene sulfonate oral powder</i>                                                       | G         |            |
| <i>sodium polystyrene sulfonate</i> (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60ML) | G         |            |
| SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML ( <i>sodium polystyrene sulfonate</i> )   | G         |            |
| VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM<br>( <i>patiomer sorbitex calcium</i> )           | PB        |            |
| <b>PROGESTINS - DRUGS TO REGULATE PROGESTIN</b>                                                       |           |            |
| CRINONE VAGINAL GEL 4 %, 8 % ( <i>progesterone</i> )                                                  | PB        |            |
| <i>ec-rx progesterone transdermal cream 10 %, 20 %</i>                                                | NF        |            |
| ENDOMETRIN VAGINAL INSERT 100 MG ( <i>progesterone</i> )                                              | NF        |            |
| <i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                    | G         |            |
| <i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>                            | G         |            |
| <i>norethindrone acetate oral tablet 5 mg</i>                                                         | G         |            |
| <i>progesterone intramuscular oil 50 mg/ml</i>                                                        | G         |            |
| <i>progesterone oral capsule 100 mg, 200 mg</i>                                                       | G         |            |
| PROMETRIUM ORAL CAPSULE 100 MG, 200 MG<br>( <i>progesterone</i> )                                     | NF        |            |
| PROVERA ORAL TABLET 10 MG ( <i>medroxyprogesterone acetate</i> )                                      | NPB       |            |
| <b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>                                              |           |            |
| ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG<br>( <i>thyroid</i> )                               | NPB       |            |

| Prescription Drug Name                                                                                                                                                                                                                    | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG<br>( <i>liothyronine sodium</i> )                                                                                                                                                               | NF        |            |
| <i>levothyroxine sodium</i> (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)                                                                                   | G         |            |
| <i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>                                                                                            | G         |            |
| <i>levothyroxine sodium</i> (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)                                                                                           | G         |            |
| <i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>                                                                                                                                                                              | G         |            |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                                                                                                                                                                                | G         |            |
| <i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>                                                                                                                                                                        | NF        |            |
| NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG ( <i>thyroid</i> )                                                                                                                                                              | NPB       |            |
| <i>propylthiouracil oral tablet 50 mg</i>                                                                                                                                                                                                 | G         |            |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG ( <i>levothyroxine sodium</i> )                                                                              | PB        |            |
| THYQUIDITY ORAL SOLUTION 100 MCG/5ML<br>( <i>levothyroxine sodium</i> )                                                                                                                                                                   | NF        |            |
| <i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>                                                                                                                                                                             | NF        |            |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG<br>( <i>levothyroxine sodium</i> )                                                | NF        |            |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML ( <i>levothyroxine sodium</i> ) | NF        |            |
| <i>levothyroxine sodium</i> (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)                                                                                | G         |            |
| <b>THYROID AGENTS-DRUGS TO REGULATE THYROID LEVELS</b>                                                                                                                                                                                    |           |            |
| RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG ( <i>thyroid</i> )                                                                                                                                                              | NF        |            |

| Prescription Drug Name                                                                       | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------|-----------|------------|
| <b>UREA CYCLE DISORDER - DRUGS TO TREAT UREA CYCLE DISORDER</b>                              |           |            |
| BUPHENYL ORAL POWDER 3 GM/TSP ( <i>sodium phenylbutyrate</i> )                               | NF        |            |
| BUPHENYL ORAL TABLET 500 MG ( <i>sodium phenylbutyrate</i> )                                 | NF        |            |
| CARBAGLU ORAL TABLET SOLUBLE 200 MG ( <i>carglumic acid</i> )                                | NF        |            |
| <i>carglumic acid oral tablet soluble 200 mg</i>                                             | G         |            |
| OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM ( <i>sodium phenylbutyrate</i> )                  | NF        |            |
| OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM ( <i>sodium phenylbutyrate</i> )                  | NF        |            |
| OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM ( <i>sodium phenylbutyrate</i> )              | NF        |            |
| OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM ( <i>sodium phenylbutyrate</i> )              | NF        |            |
| OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM ( <i>sodium phenylbutyrate</i> )              | NF        |            |
| OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM ( <i>sodium phenylbutyrate</i> )        | NF        |            |
| PHEBURANE ORAL PELLETT 483 MG/GM ( <i>sodium phenylbutyrate</i> )                            | PSP       |            |
| RAVICTI ORAL LIQUID 1.1 GM/ML ( <i>glycerol phenylbutyrate</i> )                             | NF        |            |
| <i>sodium phenylbutyrate oral powder 3 gm/tsp</i>                                            | G         |            |
| <i>sodium phenylbutyrate oral tablet 500 mg</i>                                              | G         |            |
| <b>UTERINE FIBROIDS - DRUGS TO TREAT UTERINE FIBROIDS</b>                                    |           |            |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG ( <i>relugolix-estradiol-norethind</i> )                   | PB        |            |
| ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ( <i>elagolix-estradiol-norethind</i> ) | PB        |            |
| <b>VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES</b>                                   |           |            |
| DDAVP ORAL TABLET 0.1 MG, 0.2 MG ( <i>desmopressin acetate</i> )                             | NPB       |            |
| <i>desmopressin ace spray refrig nasal solution 0.01 %</i>                                   | G         |            |
| <i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>                                       | G         |            |
| <i>desmopressin acetate spray nasal solution 0.01 %</i>                                      | G         |            |

| Prescription Drug Name                                                              | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>VITAMIN D ANALOGS</b>                                                            |           |                                            |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>calcitriol oral solution 1 mcg/ml</i>                                            | G         |                                            |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>                         | G         | N8 (Listing does not include certain NDCs) |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>                                | G         |                                            |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG ( <i>calcifediol</i> )                | NPB       |                                            |
| ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG ( <i>calcitriol</i> )                      | NPB       |                                            |
| ROCALTROL ORAL SOLUTION 1 MCG/ML ( <i>calcitriol</i> )                              | NPB       |                                            |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG ( <i>paricalcitol</i> )                           | NPB       |                                            |
| <b>GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b>           |           |                                            |
| <b>ANTICHOLINERGICS</b>                                                             |           |                                            |
| CUVPOSA ORAL SOLUTION 1 MG/5ML ( <i>glycopyrrolate</i> )                            | NPB       |                                            |
| <i>dicyclomine hcl oral capsule 10 mg</i>                                           | G         | N8 (Listing does not include certain NDCs) |
| <i>dicyclomine hcl oral solution 10 mg/5ml</i>                                      | G         |                                            |
| <i>dicyclomine hcl oral tablet 20 mg</i>                                            | G         | N8 (Listing does not include certain NDCs) |
| GLYCATE ORAL TABLET 1.5 MG ( <i>glycopyrrolate</i> )                                | NF        |                                            |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                                        | G         | N8 (Listing does not include certain NDCs) |
| <i>glycopyrrolate oral tablet 1.5 mg</i>                                            | NF        |                                            |
| <i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>         | NF        |                                            |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>                                 | G         |                                            |
| <i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>                                | G         |                                            |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i>                                     | G         | N8 (Listing does not include certain NDCs) |
| <i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>                         | G         | N8 (Listing does not include certain NDCs) |
| <i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>                    | G         | N8 (Listing does not include certain NDCs) |
| LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG ( <i>hyoscyamine sulfate</i> ) | NPB       |                                            |

| Prescription Drug Name                                                                       | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------|-----------|------------|
| LEVSIN ORAL TABLET 0.125 MG ( <i>hyoscyamine sulfate</i> )                                   | NPB       |            |
| LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG ( <i>hyoscyamine sulfate</i> )               | NPB       |            |
| <i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>                                      | G         |            |
| NULEV ORAL TABLET DISPERSIBLE 0.125 MG ( <i>hyoscyamine sulfate</i> )                        | G         |            |
| <i>oscimin oral tablet 0.125 mg</i>                                                          | G         |            |
| <i>oscimin sublingual tablet sublingual 0.125 mg</i>                                         | G         |            |
| <b>ANTIDIARRHEALS</b>                                                                        |           |            |
| <i>biostora oral capsule</i>                                                                 | NF        |            |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>                                   | G         |            |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>                                       | G         |            |
| LACTEROL ORAL CAPSULE ( <i>probiotic product</i> )                                           | NF        |            |
| <i>lactovive oral capsule</i>                                                                | NF        |            |
| LOMOTIL ORAL TABLET 2.5-0.025 MG ( <i>diphenoxylate-atropine</i> )                           | NPB       |            |
| <i>loperamide hcl oral capsule 2 mg</i>                                                      | G         |            |
| MOTOFEN ORAL TABLET 1-0.025 MG ( <i>difenoxin-atropine</i> )                                 | NF        |            |
| MYTESI ORAL TABLET DELAYED RELEASE 125 MG ( <i>crofelemer</i> )                              | NF        |            |
| PAXOTIN ORAL CAPSULE ( <i>lactobacillus</i> )                                                | NF        |            |
| <i>surebiotic probiotic support oral capsule</i>                                             | NF        |            |
| <i>wellpro 31 oral capsule</i>                                                               | NF        |            |
| <i>zelac oral capsule</i>                                                                    | NF        |            |
| <b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>                                           |           |            |
| AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG ( <i>fosnetupitant-palonosetron</i> ) | NPB       |            |
| AKYNZEO ORAL CAPSULE 300-0.5 MG ( <i>netupitant-palonosetron</i> )                           | NPB       |            |
| ANZEMET ORAL TABLET 50 MG ( <i>dolasetron mesylate</i> )                                     | NPB       |            |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>                         | G         |            |
| BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG ( <i>doxylamine-pyridoxine</i> )              | NPB       |            |
| <i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>                                    | G         |            |
| DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG ( <i>doxylamine-pyridoxine</i> )               | NPB       |            |
| <i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>                            | G         |            |

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|--------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>                                   | G         |                                            |
| EMEND BIPACK ORAL CAPSULE 80 MG ( <i>aprepitant</i> )                                | NPB       |                                            |
| EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG ( <i>fosaprepitant dimeglumine</i> ) | NPB       |                                            |
| EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML ( <i>aprepitant</i> )                 | NPB       |                                            |
| EMEND TRIPACK ORAL CAPSULE 80 & 125 MG ( <i>aprepitant</i> )                         | NPB       |                                            |
| <i>granisetron hcl oral tablet 1 mg</i>                                              | G         |                                            |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>                                      | G         | N8 (Listing does not include certain NDCs) |
| <i>meclizine hcl oral tablet 50 mg</i>                                               | G         |                                            |
| <i>metoclopramide hcl oral solution 10 mg/10ml</i>                                   | G         |                                            |
| <i>metoclopramide hcl oral solution 5 mg/5ml</i>                                     | G         | N8 (Listing does not include certain NDCs) |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>                                    | G         |                                            |
| <i>metoclopramide hcl oral tablet dispersible 5 mg</i>                               | G         |                                            |
| <i>ondansetron hcl oral solution 4 mg/5ml</i>                                        | G         |                                            |
| <i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>                                 | G         |                                            |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>                                | G         |                                            |
| <i>prochlorperazine edisylate injection solution 10 mg/2ml</i>                       | G         |                                            |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>                              | G         | N8 (Listing does not include certain NDCs) |
| <i>prochlorperazine rectal suppository 25 mg</i>                                     | G         |                                            |
| <i>promethazine hcl oral solution 6.25 mg/5ml</i>                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>                            | G         |                                            |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>                            | G         |                                            |
| <i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)              | G         |                                            |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG ( <i>promethazine hcl</i> )                     | G         |                                            |
| SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR ( <i>granisetron</i> )                         | PB        |                                            |
| <i>scopolamine transdermal patch 72 hour 1 mg/3days</i>                              | G         |                                            |
| SYNDROS ORAL SOLUTION 5 MG/ML ( <i>dronabinol</i> )                                  | NF        |                                            |
| TRANSDERM SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS ( <i>scopolamine base</i> )      | NF        |                                            |

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|-----------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>trimethobenzamide hcl oral capsule 300 mg</i>                                  | G         | N8 (Listing does not include certain NDCs) |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG ( <i>rolapitant hcl</i> ) | NPB       |                                            |
| <b>ANTISPASMODICS - DRUGS FOR MUSCLE SPASM</b>                                    |           |                                            |
| LIBRAX ORAL CAPSULE 5-2.5 MG ( <i>chlordiazepoxide-clidinium</i> )                | NF        |                                            |
| <b>H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b>                |           |                                            |
| <i>cimetidine hcl oral solution 300 mg/5ml</i>                                    | G         |                                            |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>                      | G         |                                            |
| <i>famotidine oral suspension reconstituted 40 mg/5ml</i>                         | G         |                                            |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                                        | G         | N8 (Listing does not include certain NDCs) |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                                     | G         |                                            |
| <b>INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS</b> |           |                                            |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ( <i>mesalamine</i> )       | NPB       |                                            |
| AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG ( <i>sulfasalazine</i> )    | NPB       |                                            |
| AZULFIDINE ORAL TABLET 500 MG ( <i>sulfasalazine</i> )                            | NPB       |                                            |
| <i>balsalazide disodium oral capsule 750 mg</i>                                   | G         |                                            |
| <i>budesonide er oral tablet extended release 24 hour 9 mg</i>                    | NF        |                                            |
| <i>budesonide oral capsule delayed release particles 3 mg</i>                     | G         |                                            |
| CORTENEMA RECTAL ENEMA 100 MG/60ML ( <i>hydrocortisone</i> )                      | NPB       |                                            |
| CORTIFOAM EXTERNAL FOAM 10 % ( <i>hydrocortisone acetate</i> )                    | PB        |                                            |
| DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG ( <i>mesalamine</i> )                | NF        |                                            |
| DIPENTUM ORAL CAPSULE 250 MG ( <i>olsalazine sodium</i> )                         | NPB       |                                            |
| <i>hydrocortisone rectal enema 100 mg/60ml</i>                                    | G         |                                            |
| LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM ( <i>mesalamine</i> )                   | NF        |                                            |
| <i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>               | G         |                                            |
| <i>mesalamine oral capsule delayed release 400 mg</i>                             | G         |                                            |
| <i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>                      | G         |                                            |

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|-------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>mesalamine rectal enema 4 gm</i>                                                       | G         |                                            |
| <i>mesalamine rectal suppository 1000 mg</i>                                              | G         |                                            |
| <i>mesalamine-cleanser rectal kit 4 gm</i>                                                | G         |                                            |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG ( <i>mesalamine</i> )                | NF        |                                            |
| SFROWASA RECTAL ENEMA 4 GM/60ML ( <i>mesalamine</i> )                                     | NPB       |                                            |
| <i>sulfasalazine oral tablet 500 mg</i>                                                   | G         |                                            |
| <i>sulfasalazine oral tablet delayed release 500 mg</i>                                   | G         |                                            |
| UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG ( <i>budesonide</i> )                    | PB        |                                            |
| UCERIS RECTAL FOAM 2 MG/ACT ( <i>budesonide</i> )                                         | NPB       |                                            |
| <b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>                                         |           |                                            |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG ( <i>lubiprostone</i> )                                | NF        |                                            |
| IBSRELA ORAL TABLET 50 MG ( <i>tenapanor hcl</i> )                                        | NF        |                                            |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG ( <i>linaclotide</i> )                      | PB        |                                            |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i>                                            | G         | N8 (Listing does not include certain NDCs) |
| TRULANCE ORAL TABLET 3 MG ( <i>plecanatide</i> )                                          | NPB       |                                            |
| <b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>                                             |           |                                            |
| <i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>                                             | G         |                                            |
| LOTRONEX ORAL TABLET 0.5 MG, 1 MG ( <i>alosetron hcl</i> )                                | NPB       |                                            |
| VIBERZI ORAL TABLET 100 MG, 75 MG ( <i>eluxadoline</i> )                                  | PB        |                                            |
| <b>LAXATIVES - DRUGS FOR CONSTIPATION</b>                                                 |           |                                            |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML ( <i>sod picosulfate-mag ox-cit acd</i> ) | CE        |                                            |
| <i>constulose oral solution 10 gm/15ml</i>                                                | G         |                                            |
| <i>enulose oral solution 10 gm/15ml</i>                                                   | G         |                                            |
| <i>generlac oral solution 10 gm/15ml</i>                                                  | G         | N8 (Listing does not include certain NDCs) |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM ( <i>peg 3350-kcl-nabcb-nacl-nasulf</i> )     | NF        |                                            |
| <i>lactulose (Kristalose Oral Packet 10 Gm, 20 Gm)</i>                                    | G         |                                            |
| <i>lactulose oral packet 10 gm, 20 gm</i>                                                 | G         | N8 (Listing does not include certain NDCs) |
| <i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>                                     | G         | N8 (Listing does not include certain NDCs) |

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|----------------------------------------------------------------------------------------------------|-----------|------------|
| MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM<br>( <i>peg-kcl-nacl-nasulf-na asc-c</i> )             | NF        |            |
| <i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>                           | CE        |            |
| <i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>                           | CE        |            |
| <i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>                             | CE        |            |
| PEG-PREP ORAL KIT 5-210 MG-GM ( <i>bisacodyl-peg-kcl-nabicar-nacl</i> )                            | CE        |            |
| PLENVU ORAL SOLUTION RECONSTITUTED 140 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )                  | CE        |            |
| SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM<br>( <i>peg 3350-kcl-nacl-nasulf-mgsul</i> )          | CE        |            |
| SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML ( <i>na sulfate-k sulfate-mg sulf</i> ) | NF        |            |
| SUTAB ORAL TABLET 1479-225-188 MG ( <i>sodium sulfate-mag sulfate-kcl</i> )                        | CE        |            |
| <b>MISCELLANEOUS</b>                                                                               |           |            |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG ( <i>odevixibat</i> )                      | NF        |            |
| BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG ( <i>odevixibat</i> )                                        | NF        |            |
| CARAFATE ORAL TABLET 1 GM ( <i>sucrafate</i> )                                                     | NF        |            |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG ( <i>cholic acid</i> )                                          | NPSP      |            |
| <i>cromolyn sodium oral concentrate 100 mg/5ml</i>                                                 | G         |            |
| CYTOTEC ORAL TABLET 100 MCG, 200 MCG ( <i>misoprostol</i> )                                        | NPB       |            |
| EOHILIA ORAL SUSPENSION 2 MG/10ML ( <i>budesonide</i> )                                            | NF        |            |
| GATTEX SUBCUTANEOUS KIT 5 MG ( <i>teduglutide (rdna)</i> )                                         | NPSP      |            |
| GIMOTI NASAL SOLUTION 15 MG/ACT ( <i>metoclopramide hcl</i> )                                      | NF        |            |
| IQIRVO ORAL TABLET 80 MG ( <i>elafibranor</i> )                                                    | PSP       |            |
| LIVDELZI ORAL CAPSULE 10 MG ( <i>seladelpar lysine</i> )                                           | NF        |            |
| LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML<br>( <i>maralixibat chloride</i> )                      | NPSP      |            |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                                                    | G         |            |
| MOTEGRITY ORAL TABLET 1 MG, 2 MG ( <i>prucalopride succinate</i> )                                 | NF        |            |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG ( <i>naloxegol oxalate</i> )                                   | PB        |            |
| OICALIVA ORAL TABLET 10 MG, 5 MG ( <i>obeticholic acid</i> )                                       | NF        |            |

| Prescription Drug Name                                                                                                                                                                           | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| RELISTOR ORAL TABLET 150 MG ( <i>methylnaltrexone bromide</i> )                                                                                                                                  | NF        |                                            |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML ( <i>methylnaltrexone bromide</i> )                                                                                                                   | NF        |                                            |
| RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML ( <i>methylnaltrexone bromide</i> )                                                                                     | NF        |                                            |
| RELTONE ORAL CAPSULE 200 MG, 400 MG ( <i>ursodiol</i> )                                                                                                                                          | NF        |                                            |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML ( <i>sacrosidase</i> )                                                                                                                                        | NPSP      |                                            |
| <i>sucralfate oral suspension 1 gm/10ml</i>                                                                                                                                                      | NF        |                                            |
| <i>sucralfate oral tablet 1 gm</i>                                                                                                                                                               | G         | N8 (Listing does not include certain NDCs) |
| SYMPROIC ORAL TABLET 0.2 MG ( <i>naldemedine tosylate</i> )                                                                                                                                      | PB        |                                            |
| URSO FORTE ORAL TABLET 500 MG ( <i>ursodiol</i> )                                                                                                                                                | NPB       |                                            |
| <i>ursodiol oral capsule 200 mg, 400 mg</i>                                                                                                                                                      | NF        |                                            |
| <i>ursodiol oral capsule 300 mg</i>                                                                                                                                                              | G         |                                            |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>                                                                                                                                                       | G         |                                            |
| URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML ( <i>ursodiol</i> )                                                                                                                                | NF        |                                            |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG ( <i>vonoprazan fumarate</i> )                                                                                                                                 | NPB       |                                            |
| VOWST ORAL CAPSULE ( <i>fecal microb spores, live-brpk</i> )                                                                                                                                     | NPSP      |                                            |
| XERMELO ORAL TABLET 250 MG ( <i>telotristat etiprate</i> )                                                                                                                                       | NPSP      |                                            |
| <b>PANCREATIC ENZYMES</b>                                                                                                                                                                        |           |                                            |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )                      | PB        |                                            |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> ) | NPB       |                                            |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )                                      | NPB       |                                            |
| VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )                                                                                                   | PB        |                                            |

| Prescription Drug Name                                                                                                                                                                                                               | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> ) | PB        |                                            |
| <b>PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID</b>                                                                                                                                                                    |           |                                            |
| ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG ( <i>rabeprazole sodium</i> )                                                                                                                                                              | NF        |                                            |
| DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG ( <i>dexlansoprazole</i> )                                                                                                                                                        | NF        |                                            |
| <i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>                                                                                                                                                                     | NF        |                                            |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>                                                                                                                                                              | G         |                                            |
| KONVOMEF ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML ( <i>omeprazole-sodium bicarbonate</i> )                                                                                                                                           | NF        |                                            |
| <i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>                                                                                                                                                                        | G         |                                            |
| <i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>                                                                                                                                                             | NF        |                                            |
| NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG ( <i>esomeprazole magnesium</i> )                                                                                                                                                   | NF        |                                            |
| NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG ( <i>esomeprazole magnesium</i> )                                                                                                                                               | NF        |                                            |
| <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>                                                                                                                                                                   | G         |                                            |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>                                                                                                                                                             | NF        |                                            |
| <i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>                                                                                                                                                              | NF        |                                            |
| <i>pantoprazole sodium oral packet 40 mg</i>                                                                                                                                                                                         | NF        |                                            |
| <i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>                                                                                                                                                                  | G         | N8 (Listing does not include certain NDCs) |
| PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG ( <i>lansoprazole</i> )                                                                                                                                                                  | NF        |                                            |
| PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG ( <i>lansoprazole</i> )                                                                                                                                        | NF        |                                            |
| PRILOSEC ORAL PACKET 10 MG, 2.5 MG ( <i>omeprazole magnesium</i> )                                                                                                                                                                   | NF        |                                            |
| PROTONIX ORAL PACKET 40 MG ( <i>pantoprazole sodium</i> )                                                                                                                                                                            | NF        |                                            |
| PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG ( <i>pantoprazole sodium</i> )                                                                                                                                                     | NF        |                                            |
| <i>rabeprazole sodium oral capsule sprinkle 10 mg</i>                                                                                                                                                                                | NPB       |                                            |

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|-----------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>rabeprazole sodium oral tablet delayed release 20 mg</i>                                   | G         |                                            |
| <b>RECTAL, CORTICOSTEROIDS</b>                                                                |           |                                            |
| ANUSOL-HC EXTERNAL CREAM 2.5 % ( <i>hydrocortisone</i> )                                      | NPB       |                                            |
| <i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>                                    | G         |                                            |
| <i>hydrocortisone ace-pramoxine external cream 1-1 %</i>                                      | G         |                                            |
| PROCORT EXTERNAL CREAM 1.85-1.15 % ( <i>hydrocortisone ace-pramoxine</i> )                    | NPB       |                                            |
| PROCTOFOAM HC EXTERNAL FOAM 1-1 % ( <i>hydrocortisone ace-pramoxine</i> )                     | PB        |                                            |
| <i>hydrocortisone</i> (Procto-Med Hc External Cream 2.5 %)                                    | G         |                                            |
| <i>hydrocortisone</i> (Proctozone-Hc External Cream 2.5 %)                                    | G         |                                            |
| <b>RECTAL, MISCELLANEOUS</b>                                                                  |           |                                            |
| BARRIGEL RECTAL GEL 20 MG/ML ( <i>hyaluronic acid (rectal)</i> )                              | NF        |                                            |
| <b>ULCER THERAPY COMBINATIONS</b>                                                             |           |                                            |
| <i>amoxicill-clarithro-lansopraz oral therapy pack 500 &amp; 500 &amp; 30 mg</i>              | G         |                                            |
| PYLERA ORAL CAPSULE 140-125-125 MG ( <i>bis subcit-metronid-tetracyc</i> )                    | NPB       |                                            |
| TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG ( <i>amoxicill-rifabutin-omeprazole</i> ) | PB        |                                            |
| <b>GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS</b>                    |           |                                            |
| <b>BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE</b>                        |           |                                            |
| <i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>                            | G         |                                            |
| CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>doxazosin mesylate</i> )                            | NPB       |                                            |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>doxazosin mesylate</i> )      | NPB       |                                            |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>                                  | G         | N8 (Listing does not include certain NDCs) |
| <i>dutasteride oral capsule 0.5 mg</i>                                                        | G         |                                            |
| <i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>                                     | G         |                                            |
| ENTADFI ORAL CAPSULE 5-5 MG ( <i>finasteride-tadalafil</i> )                                  | NF        |                                            |
| <i>finasteride oral tablet 5 mg</i>                                                           | G         |                                            |
| JALYN ORAL CAPSULE 0.5-0.4 MG ( <i>dutasteride-tamsulosin hcl</i> )                           | NF        |                                            |

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|---------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| PROSCAR ORAL TABLET 5 MG ( <i>finasteride</i> )                                       | NPB       |                                            |
| RAPAFLO ORAL CAPSULE 4 MG, 8 MG ( <i>silodosin</i> )                                  | NF        |                                            |
| <i>silodosin oral capsule 4 mg, 8 mg</i>                                              | G         |                                            |
| <i>tamsulosin hcl oral capsule 0.4 mg</i>                                             | G         |                                            |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                             | G         | N8 (Listing does not include certain NDCs) |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG ( <i>alfuzosin hcl</i> )         | NF        |                                            |
| <b>CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL</b>                                    |           |                                            |
| ENCARE VAGINAL SUPPOSITORY 100 MG ( <i>nonoxynol-9</i> )                              | CE        |                                            |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % ( <i>nonoxynol-9</i> )                 | CE        |                                            |
| PHEXX VAGINAL GEL 1.8-1-0.4 % ( <i>lactic ac-citric ac-pot bitart</i> )               | CE        |                                            |
| TODAY SPONGE VAGINAL 1000 MG ( <i>nonoxynol-9</i> )                                   | CE        |                                            |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % ( <i>nonoxynol-9</i> )                    | CE        |                                            |
| VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % ( <i>nonoxynol-9</i> )                      | CE        |                                            |
| <b>ERECTILE DYSFUNCTION</b>                                                           |           |                                            |
| <i>bi-mix intracavernosal solution reconstituted 150-5 mg</i>                         | NF        |                                            |
| CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>tadalafil</i> )                            | NF        |                                            |
| IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30-1 MG/ML ( <i>papaverine-phentolamine</i> ) | NF        |                                            |
| <i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>                | NF        |                                            |
| STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG ( <i>avanafil</i> )                         | NF        |                                            |
| <i>super bi-mix intracavernosal solution reconstituted 150-10 mg</i>                  | NF        |                                            |
| <i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>          | NF        |                                            |
| <i>super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg</i>      | NF        |                                            |
| <i>tadalafil oral tablet 20 mg, 5 mg</i>                                              | G         | N8 (Listing does not include certain NDCs) |
| <i>tri-mix intracavernosal solution reconstituted 150-5-50 mg-mg-mcg</i>              | NF        |                                            |
| VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sildenafil citrate</i> )                 | NF        |                                            |

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|-------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>MISCELLANEOUS</b>                                                                                        |           |                                            |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>                                           | G         | N8 (Listing does not include certain NDCs) |
| <i>cytra k crystals oral packet 3300-1002 mg</i>                                                            | G         |                                            |
| ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )                                          | NF        |                                            |
| FILSPARI ORAL TABLET 200 MG, 400 MG ( <i>sparsentan</i> )                                                   | PSP       |                                            |
| LITHOSTAT ORAL TABLET 250 MG ( <i>acetohydroxamic acid</i> )                                                | NF        |                                            |
| ORACIT ORAL SOLUTION 490-640 MG/5ML ( <i>sod citrate-citric acid</i> )                                      | NPB       |                                            |
| <i>pot &amp; sod cit-cit ac oral solution 550-500-334 mg/5ml</i>                                            | G         |                                            |
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i> | G         |                                            |
| <i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>                                          | G         | N8 (Listing does not include certain NDCs) |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG ( <i>cysteamine bitartrate</i> )                         | NPSP      |                                            |
| PROCYSBI ORAL PACKET 300 MG, 75 MG ( <i>cysteamine bitartrate</i> )                                         | NF        |                                            |
| RENACIDIN IRRIGATION SOLUTION ( <i>citric ac-gluconolact-mg carb</i> )                                      | NPB       |                                            |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML ( <i>nedosiran sodium</i> )                                      | NF        |                                            |
| RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML ( <i>nedosiran sodium</i> )        | NF        |                                            |
| <i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>                                                 | G         | N8 (Listing does not include certain NDCs) |
| TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG ( <i>budesonide</i> )                                             | NF        |                                            |
| THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG ( <i>tiopronin</i> )                                   | NF        |                                            |
| THIOLA ORAL TABLET 100 MG ( <i>tiopronin</i> )                                                              | NF        |                                            |
| <i>tricitrates oral solution 550-500-334 mg/5ml</i>                                                         | G         | N8 (Listing does not include certain NDCs) |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) ( <i>potassium citrate</i> )                      | NPB       |                                            |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) ( <i>potassium citrate</i> )                      | NPB       |                                            |
| VANRAFIA ORAL TABLET 0.75 MG ( <i>atrasentan hcl</i> )                                                      | PSP       |                                            |

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|-----------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE</b>                     |           |                                            |
| <i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>   | G         |                                            |
| <i>flavoxate hcl oral tablet 100 mg</i>                                                 | G         |                                            |
| GEMTESA ORAL TABLET 75 MG ( <i>vibegron</i> )                                           | PB        |                                            |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML ( <i>mirabegron</i> )                | NF        |                                            |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG ( <i>mirabegron</i> )       | NF        |                                            |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>   | G         | N8 (Listing does not include certain NDCs) |
| <i>oxybutynin chloride oral solution 5 mg/5ml</i>                                       | G         |                                            |
| <i>oxybutynin chloride oral tablet 5 mg</i>                                             | G         |                                            |
| OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR ( <i>oxybutynin</i> )                | NF        |                                            |
| <i>solifenacin succinate oral tablet 10 mg, 5 mg</i>                                    | G         |                                            |
| <i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>         | G         |                                            |
| <i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>                                      | G         |                                            |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>fesoterodine fumarate</i> ) | NF        |                                            |
| <i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>                 | G         |                                            |
| <i>trospium chloride oral tablet 20 mg</i>                                              | G         | N8 (Listing does not include certain NDCs) |
| <b>VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS</b>                      |           |                                            |
| CLEOCIN VAGINAL CREAM 2 % ( <i>clindamycin phosphate</i> )                              | NPB       |                                            |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG ( <i>clindamycin phosphate</i> )                     | NPB       |                                            |
| <i>clindamycin phosphate vaginal cream 2 %</i>                                          | G         |                                            |
| CLINDESSE VAGINAL CREAM 2 % ( <i>clindamycin phosphate (1 dose)</i> )                   | NPB       |                                            |
| GYNAZOLE-1 VAGINAL CREAM 2 % ( <i>butoconazole nitrate (1 dose)</i> )                   | NPB       |                                            |
| <i>metronidazole vaginal gel 0.75 %</i>                                                 | G         |                                            |
| <i>miconazole 3 vaginal suppository 200 mg</i>                                          | G         |                                            |
| NUVESSA VAGINAL GEL 1.3 % ( <i>metronidazole</i> )                                      | NF        |                                            |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                                                                                                                                                        | G         |                                            |
| <i>terconazole vaginal suppository 80 mg</i>                                                                                                                                                         | G         |                                            |
| VANDAZOLE VAGINAL GEL 0.75 % ( <i>metronidazole</i> )                                                                                                                                                | NF        |                                            |
| XACIATO VAGINAL GEL 2 % ( <i>clindamycin phosphate</i> )                                                                                                                                             | NPB       |                                            |
| <b>HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS</b>                                                                                                                                                  |           |                                            |
| <b>ANTICOAGULANTS - BLOOD THINNERS</b>                                                                                                                                                               |           |                                            |
| ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML ( <i>fondaparinux sodium</i> )                                                                                     | NPB       |                                            |
| <i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>                                                                                                                              | G         | N8 (Listing does not include certain NDCs) |
| ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG ( <i>apixaban</i> )                                                                                                                             | PB        |                                            |
| ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG ( <i>apixaban</i> )                                                                                                                               | PB        |                                            |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG ( <i>apixaban</i> )                                                                                                                        | PB        |                                            |
| ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG ( <i>apixaban</i> )                                                                                                                                            | PB        |                                            |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG ( <i>apixaban</i> )                                                                                                                                                 | PB        |                                            |
| ELIQUIS ORAL TABLET SOLUBLE 0.5 MG ( <i>apixaban</i> )                                                                                                                                               | PB        |                                            |
| <i>enoxaparin sodium injection solution 300 mg/3ml</i>                                                                                                                                               | G         |                                            |
| <i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>                                                 | G         |                                            |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>                                                                                                 | G         |                                            |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML ( <i>dalteparin sodium</i> )                                                                                                          | NPB       |                                            |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML ( <i>dalteparin sodium</i> ) | NPB       |                                            |
| <i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%</i>                                                                                                             | NF        |                                            |
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>                                                                                          | G         |                                            |
| <i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>                                                                                                                                | G         |                                            |
| <i>warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)</i>                                                                                              | G         |                                            |

| Prescription Drug Name                                                                                                                                           | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| LOVENOX INJECTION SOLUTION 300 MG/3ML ( <i>enoxaparin sodium</i> )                                                                                               | NPB       |            |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML ( <i>enoxaparin sodium</i> ) | NPB       |            |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG ( <i>dabigatran etexilate mesylate</i> )                                                                              | NF        |            |
| PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG ( <i>dabigatran etexilate mesylate</i> )                                                          | NF        |            |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG ( <i>edoxaban tosylate</i> )                                                                                             | NF        |            |
| <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>                                                                     | G         |            |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML ( <i>rivaroxaban</i> )                                                                                             | PB        |            |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG ( <i>rivaroxaban</i> )                                                                                           | PB        |            |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG ( <i>rivaroxaban</i> )                                                                                  | PB        |            |
| <b>BLEEDING DISORDERS AGENTS</b>                                                                                                                                 |           |            |
| ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor-vwf</i> )                            | NPSP      |            |
| CABLIVI INJECTION KIT 11 MG ( <i>caplacizumab-yhdp</i> )                                                                                                         | NF        |            |
| COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT ( <i>coagulation factor x (human)</i> )                                                           | NPSP      |            |
| FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT ( <i>antiinhibitor coagulant cmplx</i> )                                                 | NF        |            |
| HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT ( <i>antihemophilic factor-vwf</i> )                                     | NPSP      |            |
| NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG ( <i>coagulation factor viia recomb</i> )                                                 | PSP       |            |
| SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG ( <i>coagulation factor viia-jncw</i> )                                                            | PSP       |            |
| VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT ( <i>von willebrand factor (recomb)</i> )                                                        | NF        |            |
| WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT ( <i>antihemophilic factor-vwf</i> )                                                                         | PSP       |            |

2026 Pharmacy Drug Guide - Standard Control Choice Plan

The formulary is updated the first week of each month  
03/01/2026

| Prescription Drug Name                                                                                                                                                                                                  | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>HEMATOPOIETIC GROWTH FACTORS</b>                                                                                                                                                                                     |           |            |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML ( <i>darbepoetin alfa</i> )                                                                                           | PSP       |            |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML ( <i>darbepoetin alfa</i> ) | PSP       |            |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML ( <i>epoetin alfa</i> )                                                                                                | NF        |            |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-jmdb</i> )                                                                                                                               | PSP       |            |
| FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-pbbk</i> )                                                                                                                               | NF        |            |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML ( <i>tbo-filgrastim</i> )                                                                                                                                                       | NF        |            |
| GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>tbo-filgrastim</i> )                                                                                                                   | NF        |            |
| LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG ( <i>sargramostim</i> )                                                                                                                                                | NF        |            |
| MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML ( <i>methoxy peg-epoetin beta</i> )                                   | NF        |            |
| NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim</i> )                                                                                                                              | NF        |            |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim</i> )                                                                                                                                    | NF        |            |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim</i> )                                                                                                                                             | NF        |            |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim</i> )                                                                                                                        | NF        |            |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim-aafi</i> )                                                                                                                                        | PSP       |            |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-aafi</i> )                                                                                                                   | PSP       |            |
| NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-txid</i> )                                                                                                                     | NF        |            |

| Prescription Drug Name                                                                                                                                                                       | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-apgf</i> )                                                                                                    | PSP       |            |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa</i> )                                                     | PSP       |            |
| <i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>                                                                                                          | NF        |            |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa-epbx</i> )                                               | PSP       |            |
| ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML ( <i>eflapegrastim-xnst</i> )                                                                                                 | NF        |            |
| STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-fpgk</i> )                                                                                                   | NF        |            |
| UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML ( <i>pegfilgrastim-cbqv</i> )                                                                                                         | NF        |            |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-cbqv</i> )                                                                                                     | NF        |            |
| XOLREMDI ORAL CAPSULE 100 MG ( <i>mavorixafor</i> )                                                                                                                                          | NF        |            |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-sndz</i> )                                                                                          | NF        |            |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-bmez</i> )                                                                                                   | NF        |            |
| <b>HEMOPHILIA A AGENTS</b>                                                                                                                                                                   |           |            |
| ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihemophil factor (rahf-pfm)</i> )                                | PSP       |            |
| <i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>                                                                 | PSP       |            |
| AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil fact single chain</i> )                                                  | PSP       |            |
| ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihem fact fc-vwf-xten-ehlt</i> )                                         | PSP       |            |
| ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT ( <i>antihem fact (bdd-rfviiifc)</i> ) | PSP       |            |

| Prescription Drug Name                                                                                                                                                 | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihemoph fact rcmb gpeg-exei</i> )                  | PSP       |            |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML ( <i>emicizumab-kxwh</i> )                                      | NPSP      |            |
| HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )                                                 | NPSP      |            |
| JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>ahf (bdd-rfviii peg-aucl)</i> )                                      | PSP       |            |
| KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )                                                                | NPSP      |            |
| KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT ( <i>antihemophilic factor</i> )                                                                                | NPSP      |            |
| KOALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil factor (rahf-pfm)</i> )                               | PSP       |            |
| NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil fact bd truncated</i> )                  | PSP       |            |
| NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,sim)</i> )                    | PSP       |            |
| NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,sim)</i> ) | PSP       |            |
| RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT ( <i>antihem factor recomb (rfviii)</i> )     | NPSP      |            |
| XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,mor)</i> )                                                               | PSP       |            |
| XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,mor)</i> )                                           | PSP       |            |
| <b>HEMOPHILIA B AGENTS</b>                                                                                                                                             |           |            |
| ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT ( <i>coagulation factor ix</i> )                                                        | NPSP      |            |

| Prescription Drug Name                                                                                                                               | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>coagulation factor ix (rfixfc)</i> ) | NF        |            |
| BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )                                | PSP       |            |
| IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT ( <i>coagulation factor ix (rix-fp)</i> )            | NPSP      |            |
| IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )                       | NF        |            |
| PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT ( <i>factor ix complex</i> )                                            | NPSP      |            |
| REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix glycopeg</i> )                       | PSP       |            |
| <i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>                                                | NF        |            |
| <b>MISCELLANEOUS</b>                                                                                                                                 |           |            |
| AGRYLIN ORAL CAPSULE 0.5 MG ( <i>anagrelide hcl</i> )                                                                                                | NPB       |            |
| <i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>                                                                                                 | G         |            |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>                                                                                                      | G         |            |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                                                                                                          | G         |            |
| <i>pentoxifylline er oral tablet extended release 400 mg</i>                                                                                         | G         |            |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG ( <i>mitapivat sulfate</i> )                                                                                 | NF        |            |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG ( <i>mitapivat sulfate</i> )                          | NF        |            |
| TAVNEOS ORAL CAPSULE 10 MG ( <i>avacopan</i> )                                                                                                       | NPSP      |            |
| <i>tranexamic acid oral tablet 650 mg</i>                                                                                                            | G         |            |
| <b>PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS</b>                                                                                              |           |            |
| EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML ( <i>pegcetacoplan</i> )                                                                                 | PSP       |            |
| FABHALTA ORAL CAPSULE 200 MG ( <i>iptacopan hcl</i> )                                                                                                | NPSP      |            |
| VOYDEYA ORAL TABLET 100 MG ( <i>danicopan</i> )                                                                                                      | NF        |            |
| VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG ( <i>danicopan</i> )                                                                                    | NF        |            |

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03/01/2026

| Prescription Drug Name                                                                      | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------|-----------|------------|
| <b>PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS</b>                                     |           |            |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>              | G         |            |
| BRILINTA ORAL TABLET 60 MG, 90 MG ( <i>ticagrelor</i> )                                     | PB        |            |
| <i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>                                      | G         |            |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                                         | G         |            |
| EFFIENT ORAL TABLET 10 MG, 5 MG ( <i>prasugrel hcl</i> )                                    | NPB       |            |
| PLAVIX ORAL TABLET 75 MG ( <i>clopidogrel bisulfate</i> )                                   | NF        |            |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i>                                                | G         |            |
| YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG ( <i>aspirin-omeprazole</i> )      | NF        |            |
| ZONTIVITY ORAL TABLET 2.08 MG ( <i>vorapaxar sulfate</i> )                                  | NF        |            |
| <b>SICKLE CELL DISEASE</b>                                                                  |           |            |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG ( <i>hydroxyurea</i> )                           | NPB       |            |
| ENDARI ORAL PACKET 5 GM ( <i>glutamine (sickle cell)</i> )                                  | PSP       |            |
| SIKLOS ORAL TABLET 100 MG, 1000 MG ( <i>hydroxyurea</i> )                                   | PB        |            |
| <b>THROMBOCYTOPENIA AGENTS - DRUGS TO TREAT PLATELET DISORDERS</b>                          |           |            |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG ( <i>eltrombopag choline</i> )                 | PSP       |            |
| DOPTELET ORAL TABLET 20 MG ( <i>avatrombopag maleate</i> )                                  | PSP       |            |
| DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG ( <i>avatrombopag maleate</i> )               | PSP       |            |
| MULPLETA ORAL TABLET 3 MG ( <i>lusutrombopag</i> )                                          | NF        |            |
| NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG ( <i>romiplostim</i> ) | NF        |            |
| PROMACTA ORAL PACKET 12.5 MG, 25 MG ( <i>eltrombopag olamine</i> )                          | NF        |            |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG ( <i>eltrombopag olamine</i> )            | NF        |            |
| TAVALISSE ORAL TABLET 100 MG, 150 MG ( <i>fostamatinib disodium</i> )                       | NF        |            |

| Prescription Drug Name                                                               | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------|-----------|------------|
| <b>IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM</b>            |           |            |
| <b>ALLERGENIC EXTRACTS</b>                                                           |           |            |
| GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU<br>(timothy grass pollen allergen)     | PB        |            |
| ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM<br>(dust mite mixed allergen ext)     | PB        |            |
| ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR<br>(grass mix pollens allergen ext)      | PB        |            |
| PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG<br>(peanut powder-dnfp)           | NF        |            |
| PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG<br>(peanut powder-dnfp)            | NF        |            |
| PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG<br>(peanut powder-dnfp)        | NF        |            |
| PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (peanut powder-dnfp)                         | NF        |            |
| PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG<br>(peanut powder-dnfp)                | NF        |            |
| PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG<br>(peanut powder-dnfp)    | NF        |            |
| PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (peanut powder-dnfp)                       | NF        |            |
| PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG<br>(peanut powder-dnfp)            | NF        |            |
| PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG<br>(peanut powder-dnfp)              | NF        |            |
| PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (peanut powder-dnfp)                     | NF        |            |
| PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (peanut powder-dnfp)                       | NF        |            |
| PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (peanut powder-dnfp)                     | NF        |            |
| PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG<br>(peanut powder-dnfp) | NF        |            |
| PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG<br>(peanut powder-dnfp)   | NF        |            |
| RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U<br>(short ragweed pollen ext)     | PB        |            |

| Prescription Drug Name                                                                                      | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)</b>                                                           |           |            |
| AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-axxq</i> )                                 | PSP       |            |
| ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG ( <i>vedolizumab</i> )                                    | NPSP      |            |
| ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>tildrakizumab-asmn</i> )                      | PSP       |            |
| INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-dyyb</i> )                              | NF        |            |
| <i>infliximab intravenous solution reconstituted 100 mg</i>                                                 | NF        |            |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG ( <i>abatacept</i> )                                      | NF        |            |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab</i> )                                    | PSP       |            |
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-abda</i> )                              | NF        |            |
| SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML ( <i>golimumab</i> )                                            | PSP       |            |
| <b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED)</b>                                                                |           |            |
| ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-afzb</i> )                      | NF        |            |
| ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-afzb</i> )                      | NF        |            |
| ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-afzb</i> ) | NF        |            |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML ( <i>tocilizumab</i> )                      | NF        |            |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML ( <i>tocilizumab</i> )                         | NF        |            |
| <i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>                                   | NF        |            |
| <i>adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>                           | NF        |            |
| <i>adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml</i>                            | NF        |            |
| <i>adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml</i>                            | NF        |            |
| <i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml</i>                      | NF        |            |

| Prescription Drug Name                                                                                                   | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>                                                | NF        |            |
| <i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml</i>                           | NF        |            |
| <i>adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml</i>                                         | NF        |            |
| <i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml, 80 mg/0.8ml</i>                                      | PSP       |            |
| <i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml</i>                     | PSP       |            |
| <i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>                                   | NF        |            |
| <i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml</i> | NF        |            |
| <i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>                                                | NF        |            |
| <i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>                           | NF        |            |
| <i>adalimumab-ryvk (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml</i>                                                | NF        |            |
| <i>adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>                                                | NF        |            |
| <i>adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>                                        | NF        |            |
| AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML ( <i>adalimumab-atto</i> )            | NF        |            |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-atto</i> )                     | NF        |            |
| AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML ( <i>adalimumab-atto</i> )                | NF        |            |
| AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML ( <i>adalimumab-atto</i> )                | NF        |            |
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML ( <i>bimekizumab-bkzx</i> )                            | NF        |            |
| BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML ( <i>bimekizumab-bkzx</i> )                        | NF        |            |
| CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML ( <i>certolizumab pegol</i> )                            | NF        |            |

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| Prescription Drug Name                                                                                                               | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML ( <i>certolizumab pegol</i> )                                        | NF        |            |
| CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML ( <i>certolizumab pegol</i> )                                            | NF        |            |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )                                      | PSP       |            |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )                                    | PSP       |            |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )                                         | PSP       |            |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML ( <i>secukinumab</i> )                                       | PSP       |            |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>secukinumab</i> )                                              | PSP       |            |
| CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-adbm</i> )                                   | NF        |            |
| CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-adbm</i> ) | NF        |            |
| CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-adbm</i> )                                       | NF        |            |
| CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-adbm</i> )                                   | NF        |            |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML ( <i>dupilumab</i> )                                          | PSP       |            |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML ( <i>dupilumab</i> )                                      | PSP       |            |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ( <i>etanercept</i> )                                                           | PSP       |            |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ( <i>etanercept</i> )                                                                       | PSP       |            |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML ( <i>etanercept</i> )                                           | PSP       |            |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )                                                  | PSP       |            |
| ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML ( <i>vedolizumab</i> )                                                 | NF        |            |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )                            | NF        |            |

| Prescription Drug Name                                                                                                         | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )                            | NF        |                                            |
| HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-fkjp</i> )                                            | NF        |                                            |
| HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-fkjp</i> )                       | NF        |                                            |
| HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )                                                | PSP       |                                            |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab</i> )                                   | PSP       |                                            |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab</i> ) | PSP       |                                            |
| HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )                   | PSP       |                                            |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-adaz</i> )                                | PSP       | N8 (Listing does not include certain NDCs) |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML ( <i>adalimumab-adaz</i> )                            | PSP       | N8 (Listing does not include certain NDCs) |
| HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab-adaz</i> )         | PSP       | N8 (Listing does not include certain NDCs) |
| IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab-srlf</i> )                             | NF        |                                            |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )                                  | PSP       |                                            |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML ( <i>sarilumab</i> )                                             | PSP       |                                            |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML ( <i>anakinra</i> )                                              | NF        |                                            |
| LEQSELVI ORAL TABLET 8 MG ( <i>deuruxolitinib phosphate</i> )                                                                  | NF        |                                            |
| LITFULO ORAL CAPSULE 50 MG ( <i>ritlecitinib tosylate</i> )                                                                    | PSP       |                                            |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>mepolizumab</i> )                                                    | PSP       |                                            |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML ( <i>mepolizumab</i> )                                   | PSP       |                                            |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG ( <i>mepolizumab</i> )                                                       | NF        |                                            |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>baricitinib</i> )                                                                   | NF        |                                            |

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| Prescription Drug Name                                                                                         | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------|-----------|------------|
| OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML ( <i>mirikizumab-mrkz</i> )     | NF        |            |
| OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML ( <i>mirikizumab-mrkz</i> ) | NF        |            |
| OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>mirikizumab-mrkz</i> )                                | NF        |            |
| OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>mirikizumab-mrkz</i> )                            | NF        |            |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML ( <i>abatacept</i> )                           | PSP       |            |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML ( <i>abatacept</i> )     | PSP       |            |
| OTEZLA ORAL TABLET 20 MG, 30 MG ( <i>apremilast</i> )                                                          | PSP       |            |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG ( <i>apremilast</i> )                      | PSP       |            |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG ( <i>apremilast</i> )                                     | PSP       |            |
| OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG ( <i>apremilast</i> )               | PSP       |            |
| OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab-aaaz</i> )                                           | NF        |            |
| OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab-aaaz</i> )               | NF        |            |
| PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab-ttwe</i> )                                         | PSP       |            |
| PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab-ttwe</i> )                 | PSP       |            |
| PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab-ttwe</i> )             | PSP       |            |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML ( <i>upadacitinib</i> )                                                        | PSP       |            |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG ( <i>upadacitinib</i> )                        | PSP       |            |
| SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab-aekn</i> )                                         | NF        |            |
| SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab-aekn</i> )             | NF        |            |

| Prescription Drug Name                                                                                      | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------|-----------|------------|
| SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML ( <i>brodalumab</i> )                            | NF        |            |
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-ryvk</i> )         | NF        |            |
| SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML ( <i>adalimumab-ryvk</i> )                      | NF        |            |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML ( <i>adalimumab-ryvk</i> ) | NF        |            |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )                     | NF        |            |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )                 | NF        |            |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>risankizumab-rzaa</i> )                      | PSP       |            |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML ( <i>risankizumab-rzaa</i> )             | PSP       |            |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>risankizumab-rzaa</i> )                      | PSP       |            |
| SOTYKTU ORAL TABLET 6 MG ( <i>deucravacitinib</i> )                                                         | PSP       |            |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab</i> )                                            | PSP       |            |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab</i> )                | PSP       |            |
| STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab-stba</i> )          | NF        |            |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML ( <i>ixekizumab</i> )                                    | NF        |            |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML ( <i>ixekizumab</i> )     | NF        |            |
| TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML ( <i>guselkumab</i> )                        | PSP       |            |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML ( <i>guselkumab</i> )                 | PSP       |            |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML ( <i>guselkumab</i> )                 | PSP       |            |
| TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML ( <i>guselkumab</i> )                | PSP       |            |

| Prescription Drug Name                                                                                     | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------|-----------|------------|
| TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML ( <i>tocilizumab-aazg</i> )                        | NF        |            |
| TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML ( <i>tocilizumab-aazg</i> )                    | NF        |            |
| <i>ustekinumab subcutaneous solution 45 mg/0.5ml</i>                                                       | NF        |            |
| <i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>                           | NF        |            |
| <i>ustekinumab-aauz subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>                      | NF        |            |
| <i>ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>                      | NF        |            |
| <i>ustekinumab-ttwe subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>                      | NF        |            |
| VELSIPITY ORAL TABLET 2 MG ( <i>etrasimod arginine</i> )                                                   | PSP       |            |
| WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab-auub</i> )                                      | NF        |            |
| WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab-auub</i> )          | NF        |            |
| XELJANZ ORAL SOLUTION 1 MG/ML ( <i>tofacitinib citrate</i> )                                               | PSP       |            |
| XELJANZ ORAL TABLET 10 MG, 5 MG ( <i>tofacitinib citrate</i> )                                             | PSP       |            |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG ( <i>tofacitinib citrate</i> )                | PSP       |            |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML ( <i>omalizumab</i> )        | PSP       |            |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML ( <i>omalizumab</i> )    | PSP       |            |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG ( <i>omalizumab</i> )                                    | PSP       |            |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab-kfce</i> )                                     | PSP       |            |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab-kfce</i> )         | PSP       |            |
| YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-aaty</i> )         | NF        |            |
| YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML ( <i>adalimumab-aaty</i> )                      | NF        |            |
| YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML ( <i>adalimumab-aaty</i> ) | NF        |            |

| Prescription Drug Name                                                                                                                                                                                             | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab-aaty</i> )                                                                                                                     | NF        |                                            |
| YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML ( <i>adalimumab-aqv</i> )                                                                                                                                  | NF        |                                            |
| ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML ( <i>infliximab-dyyb</i> )                                                                                                                              | NF        |                                            |
| ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML ( <i>infliximab-dyyb</i> )                                                                                                                              | NF        |                                            |
| ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML ( <i>infliximab-dyyb</i> )                                                                                                                      | NF        |                                            |
| <b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS</b>                                                                                                                       |           |                                            |
| ARAVA ORAL TABLET 10 MG, 20 MG ( <i>leflunomide</i> )                                                                                                                                                              | NPB       |                                            |
| <i>auranofin oral capsule 3 mg</i>                                                                                                                                                                                 | NF        |                                            |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i>                                                                                                                                                               | G         | N8 (Listing does not include certain NDCs) |
| <i>leflunomide oral tablet 10 mg, 20 mg</i>                                                                                                                                                                        | G         |                                            |
| <i>methotrexate sodium oral tablet 2.5 mg</i>                                                                                                                                                                      | G         | N8 (Listing does not include certain NDCs) |
| PLAQUENIL ORAL TABLET 200 MG ( <i>hydroxychloroquine sulfate</i> )                                                                                                                                                 | NPB       |                                            |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML ( <i>methotrexate (anti-rheumatic)</i> ) | PSP       |                                            |
| SOVUNA ORAL TABLET 200 MG ( <i>hydroxychloroquine sulfate</i> )                                                                                                                                                    | NF        |                                            |
| <b>HEREDITARY ANGIOEDEMA</b>                                                                                                                                                                                       |           |                                            |
| ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML ( <i>garadacimab-gxii</i> )                                                                                                                              | NPSP      |                                            |
| BERINERT INTRAVENOUS KIT 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )                                                                                                                                         | NF        |                                            |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )                                                                                                                       | NF        |                                            |
| FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML ( <i>icatibant acetate</i> )                                                                                                                             | NF        |                                            |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT ( <i>c1 esterase inhibitor (human)</i> )                                                                                                         | NPSP      |                                            |

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| Prescription Drug Name                                                                                                                      | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>                                                                  | G         |            |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG ( <i>berotralstat hcl</i> )                                                                            | PSP       |            |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT ( <i>c1 esterase inhibitor (recomb)</i> )                                             | PSP       |            |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML ( <i>lanadelumab-flyo</i> )                                                                       | PSP       |            |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML ( <i>lanadelumab-flyo</i> )                                          | PSP       |            |
| <b>IMMUNOGLOBULIN</b>                                                                                                                       |           |            |
| ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML ( <i>immune globulin (human)-stwk</i> )                                     | NF        |            |
| ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML ( <i>immune globulin (human)-slra</i> )                                                              | NF        |            |
| BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )                                                      | NPSP      |            |
| CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML ( <i>immune globulin (human)-hipp</i> ) | PSP       |            |
| CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML ( <i>immune globulin (human)</i> )                      | NF        |            |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML ( <i>immune globulin (human)</i> )                                 | NPSP      |            |
| GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin (human)</i> )    | NPSP      |            |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM ( <i>immune globulin (human)</i> )                                    | NPSP      |            |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML ( <i>immune globulin (human)</i> )                               | NPSP      |            |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )              | NPSP      |            |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML ( <i>immune globulin (human)</i> )    | NPSP      |            |

| Prescription Drug Name                                                                                                                                          | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> )                                                    | NPSP      |            |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> )                                  | NPSP      |            |
| HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin-hyaluronidase</i> )                                  | NF        |            |
| OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> ) | NF        |            |
| PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin (human)-ifas</i> )                   | NF        |            |
| PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML ( <i>immune globulin (human)</i> )                                                            | NPSP      |            |
| RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML ( <i>rho d immune globulin</i> )                                                                   | NPSP      |            |
| WINRHO SDF INJECTION SOLUTION 15000 UNIT/13ML, 2500 UNIT/2.2ML ( <i>rho d immune globulin</i> )                                                                 | NPSP      |            |
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)-klhw</i> )                                                | PSP       |            |
| <b>IMMUNOMODULATORS</b>                                                                                                                                         |           |            |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML ( <i>interferon gamma-1b</i> )                                                                                    | NPSP      |            |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG ( <i>rilonacept</i> )                                                                                       | NF        |            |
| JOENJA ORAL TABLET 70 MG ( <i>leniolisib phosphate</i> )                                                                                                        | NF        |            |
| <b>IMMUNOSUPPRESSANTS</b>                                                                                                                                       |           |            |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )                                                                      | NPSP      |            |
| <i>azathioprine</i> (Azasan Oral Tablet 100 Mg, 75 Mg)                                                                                                          | G         |            |
| <i>azathioprine oral tablet 50 mg</i>                                                                                                                           | G         |            |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML ( <i>belimumab</i> )                                                                                     | NPSP      |            |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML ( <i>belimumab</i> )                                                                                 | NPSP      |            |

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| Prescription Drug Name                                                                               | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------|-----------|------------|
| CELLCEPT ORAL CAPSULE 250 MG ( <i>mycophenolate mofetil</i> )                                        | NPSP      |            |
| CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML ( <i>mycophenolate mofetil</i> )                    | NPSP      |            |
| CELLCEPT ORAL TABLET 500 MG ( <i>mycophenolate mofetil</i> )                                         | NPSP      |            |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>                                       | G         |            |
| <i>cyclosporine modified oral solution 100 mg/ml</i>                                                 | G         |            |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>                                                       | G         |            |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG ( <i>tacrolimus</i> )           | NPSP      |            |
| <i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)                                    | G         |            |
| <i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)                                       | G         |            |
| IMURAN ORAL TABLET 50 MG ( <i>azathioprine</i> )                                                     | NPB       |            |
| LUPKYNIS ORAL CAPSULE 7.9 MG ( <i>voclosporin</i> )                                                  | NF        |            |
| <i>mycophenolate mofetil oral capsule 250 mg</i>                                                     | G         |            |
| <i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>                                 | G         |            |
| <i>mycophenolate mofetil oral tablet 500 mg</i>                                                      | G         |            |
| <i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>                               | G         |            |
| MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG ( <i>mycophenolate sodium</i> )                  | NPSP      |            |
| MYHIBBIN ORAL SUSPENSION 200 MG/ML ( <i>mycophenolate mofetil</i> )                                  | NF        |            |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )                                        | NPSP      |            |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG ( <i>tacrolimus</i> )                                               | NPSP      |            |
| REZUROCK ORAL TABLET 200 MG ( <i>belumosudil mesylate</i> )                                          | NF        |            |
| <i>sirolimus oral solution 1 mg/ml</i>                                                               | G         |            |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                      | G         |            |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>                                                    | G         |            |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG ( <i>everolimus</i> )                            | NPSP      |            |
| <b>MISCELLANEOUS</b>                                                                                 |           |            |
| BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML ( <i>nirsevimab-alip</i> ) | NPB       |            |
| ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML ( <i>canakinumab</i> )                                        | NPSP      |            |

| Prescription Drug Name                                                                            | Drug Tier | Drug Notes                                 |
|---------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>MEDICAL DEVICES</b>                                                                            |           |                                            |
| <b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>                                          |           |                                            |
| <i>d-xylose powder</i>                                                                            | NPB       |                                            |
| GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM<br>( <i>aminolevulinic acid hcl</i> )                  | NPB       |                                            |
| <b>NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS</b>                                         |           |                                            |
| <b>ELECTROLYTES</b>                                                                               |           |                                            |
| EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ<br>( <i>potassium bicarbonate</i> )                       | G         |                                            |
| <i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)                       | G         | N8 (Listing does not include certain NDCs) |
| <i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)              | G         |                                            |
| <i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq)              | G         |                                            |
| <i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)              | G         |                                            |
| <i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)                                           | G         |                                            |
| KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ<br>( <i>potassium chloride</i> )                      | NPB       |                                            |
| K-PHOS ORAL TABLET 500 MG ( <i>potassium phosphate monobasic</i> )                                | NPB       |                                            |
| PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG ( <i>k phos mono-sod phos di &amp; mono</i> )      | G         |                                            |
| <i>phosphorous oral tablet 155-852-130 mg</i>                                                     | G         |                                            |
| PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG ( <i>k phos mono-sod phos di &amp; mono</i> ) | G         |                                            |
| POKONZA ORAL PACKET 10 MEQ ( <i>potassium chloride</i> )                                          | NF        |                                            |
| <i>potassium chloride crys er oral tablet extended release 20 meq</i>                             | G         |                                            |
| <i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>                          | G         |                                            |
| <i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>                   | G         |                                            |
| <i>potassium chloride oral packet 20 meq</i>                                                      | G         |                                            |
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>                      | G         |                                            |
| <i>sodium fluoride oral solution 0.5 mg/ml, 1.1 (0.5 f) mg/ml</i>                                 | CE        |                                            |

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|-------------------------------------------------------------------------------------|-----------|------------|
| <i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>                                   | CE        |            |
| <i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>        | CE        |            |
| <b>MISCELLANEOUS</b>                                                                |           |            |
| <i>selenious acid intravenous solution 60 mcg/ml</i>                                | NF        |            |
| <b>PRENATAL VITAMINS</b>                                                            |           |            |
| ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG ( <i>prenatal vit-dss-fe cbn-fa</i> ) | NF        |            |
| <i>azesco oral tablet 13-1 mg</i>                                                   | NF        |            |
| CITRANATAL 90 DHA ORAL 90-1 & 300 MG ( <i>prenat w/o a-fecbgl-dss-fa-dha</i> )      | NF        |            |
| CITRANATAL ASSURE ORAL 35-1 & 300 MG ( <i>prenat w/o a-fecbgl-dss-fa-dha</i> )      | NF        |            |
| <i>c-nate dha oral capsule 28-1-200 mg</i>                                          | NF        |            |
| <i>complete natal dha oral 29-1-200 &amp; 200 mg</i>                                | NF        |            |
| <i>completenate oral tablet chewable 29-1 mg</i>                                    | NF        |            |
| CO-NATAL FA ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )                      | NF        |            |
| CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG ( <i>prenat-fefum-fepo-fa-omega 3</i> )       | NF        |            |
| CONCEPT OB ORAL CAPSULE 130-92.4-1 MG ( <i>prenat w/o a vit-fefum-fepo-fa</i> )     | NF        |            |
| DERMACINRX PRETRATE ORAL TABLET 1 MG ( <i>prenatal multivit-min-fe-fa</i> )         | NF        |            |
| ENBRACE HR ORAL CAPSULE ( <i>prenat vit-fe gly cys-fa-omega</i> )                   | NF        |            |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG ( <i>prenat w/o a vit-fefum-fepo-fa</i> )          | NF        |            |
| INATAL GT ORAL TABLET ( <i>prenatal vit-dss-fe cbn-fa</i> )                         | G         |            |
| <i>jenliva prenatal/postnatal oral capsule 1 mg</i>                                 | NF        |            |
| <i>kosher prenatal plus iron oral tablet 30-1 mg</i>                                | NF        |            |
| MATERNACEL ORAL TABLET 20-1 MG ( <i>prenatal vit w/ fe bisg-fa</i> )                | NF        |            |
| <i>m-natal plus oral tablet 27-1 mg</i>                                             | NF        |            |
| <i>natal pnv oral tablet 6-0.5 mg</i>                                               | NF        |            |
| NEEVO DHA ORAL CAPSULE 27-1.13 MG ( <i>prenat w/oa-fefum-methf-omegas</i> )         | NF        |            |
| <i>neonatal complete oral tablet 27-1 mg</i>                                        | NF        |            |

| Prescription Drug Name                                                                 | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------|-----------|------------|
| NEONATAL PLUS ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )               | NF        |            |
| <i>neo-vital rx oral tablet 1 mg</i>                                                   | NF        |            |
| NESTABS DHA ORAL 32-1 MG ( <i>prenat-w/oa-fe bisgly-fa-omega</i> )                     | NF        |            |
| NESTABS ONE ORAL CAPSULE 38-1-225 MG ( <i>prenat-fe-methylfol-dha w/o a</i> )          | NF        |            |
| NESTABS ORAL TABLET 32-1 MG ( <i>prenat-fe bisgly-fa-w/o vit a</i> )                   | NF        |            |
| NIVA-PLUS ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )                   | NF        |            |
| OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG ( <i>prenat-fecbn-feaspgl-fa-fish</i> )       | NF        |            |
| OB COMPLETE ORAL TABLET 50-1.25 MG ( <i>prenatal vit-iron carbonyl-fa</i> )            | NF        |            |
| OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG ( <i>prenat-fecbn-feaspgl-fa-omega</i> ) | NF        |            |
| OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG ( <i>prenatal-fe cbn-fe asp gly-fa</i> )    | NF        |            |
| OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG ( <i>prenat-fecbn-feaspgl-fa-omega</i> )   | NF        |            |
| <i>one vite womens plus oral tablet 27-1 mg</i>                                        | NF        |            |
| <i>pnv prenatal plus multivit+dha oral 27-1 &amp; 312 mg</i>                           | NF        |            |
| <i>pnv tabs 20-1 oral tablet 20-1 mg</i>                                               | NF        |            |
| <i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>                                          | G         |            |
| <i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>                                    | NF        |            |
| <i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>                                        | NF        |            |
| <i>pnv-select oral tablet 27-0.6-0.4 mg</i>                                            | G         |            |
| <i>pregen dha oral capsule 28-1-35 mg</i>                                              | NF        |            |
| <i>pregenna oral tablet 20-1 mg</i>                                                    | NF        |            |
| PREMESISRX ORAL TABLET 1 MG ( <i>prenatal ca-b6-b12-fa-ginger</i> )                    | NF        |            |
| <i>prena 1 true oral 30-1.4 &amp; 300 mg</i>                                           | NF        |            |
| <i>prenal oral tablet chewable 1.4 mg</i>                                              | NF        |            |
| <i>prenal pearl oral capsule extended release 30-1.4-200 mg</i>                        | NF        |            |
| <i>prenatal 19 oral tablet 29-1 mg</i>                                                 | NF        |            |
| <i>prenatal 19 oral tablet chewable</i>                                                | G         |            |
| <i>prenatal 19 oral tablet chewable 29-1 mg</i>                                        | NF        |            |

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|--------------------------------------------------------------------------------------------|-----------|------------|
| <i>prenatal oral tablet 27-1 mg</i>                                                        | NF        |            |
| <i>prenatal plus oral tablet 27-1 mg</i>                                                   | NF        |            |
| PRENATAL-U ORAL CAPSULE 106.5-1 MG ( <i>prenatal w/o a vit-fe fum-fa</i> )                 | NF        |            |
| PRENATE AM ORAL TABLET 1 MG ( <i>prenatal ca-b6-b12-fa-ginger</i> )                        | NF        |            |
| PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )       | NF        |            |
| PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG ( <i>prenatal-feaspgly-methylfol-fa</i> )          | NF        |            |
| PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )   | NF        |            |
| PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> ) | NF        |            |
| PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG ( <i>prenat-fecbn-feasp-meth-fa-dha</i> )      | NF        |            |
| PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG ( <i>prenat mv-min-methylfolate-fa</i> )           | NF        |            |
| PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )     | NF        |            |
| PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )   | NF        |            |
| PRENATOL-M ORAL TABLET 27-1.2 MG ( <i>prenatal vit-fe fumarate-fa</i> )                    | NF        |            |
| PRENATRIX ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )                       | NF        |            |
| PRENATRYL ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )                       | NF        |            |
| PROVIDA OB ORAL CAPSULE 20-20-1.25 MG ( <i>prenat w/o a vit-fefum-fepo-fa</i> )            | NF        |            |
| <i>relnate dha oral capsule 28-1-200 mg</i>                                                | NF        |            |
| SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG ( <i>prenat vit-fepoly-methylfol-fa</i> )     | NF        |            |
| SELECT-OB ORAL TABLET CHEWABLE 29-1 MG ( <i>prenatal vit-fe psac cmplx-fa</i> )            | NF        |            |
| SELECT-OB+DHA ORAL 29-1 & 250 MG ( <i>prenatal vit-fepoly-fa-dha</i> )                     | NF        |            |
| <i>se-natal 19 oral tablet 29-1 mg</i>                                                     | NF        |            |
| <i>se-natal 19 oral tablet chewable 29-1 mg</i>                                            | NF        |            |

| Prescription Drug Name                                                                           | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------|-----------|------------|
| TARON-C DHA ORAL CAPSULE 35-1 MG ( <i>prenat-fefum-fepo-fa-omega 3</i> )                         | NF        |            |
| <i>thrivite rx oral tablet 29-1 mg</i>                                                           | NF        |            |
| <i>trinatal rx 1 oral tablet 60-1 mg</i>                                                         | NF        |            |
| TRINATE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )                                       | G         |            |
| <i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>                                               | NF        |            |
| VINATE DHA RF ORAL CAPSULE 27-1.13 MG ( <i>prenat w/oa-fefum-methf-omegas</i> )                  | NF        |            |
| VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG ( <i>prenat-fe poly-methfol-fa-dha</i> )              | NF        |            |
| VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG ( <i>prenatal vit-fe phos-fa-omega</i> ) | NF        |            |
| VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG ( <i>prenat-fe poly-methfol-fa-dha</i> )            | NF        |            |
| VITAFOL-OB ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )                                    | NF        |            |
| VITAFOL-OB+DHA ORAL 65-1 & 250 MG ( <i>prenatal mv-min-fe fum-fa-dha</i> )                       | NF        |            |
| VITAFOL-ONE ORAL CAPSULE 29-1-200 MG ( <i>prenatal vit-fepoly-fa-dha</i> )                       | NF        |            |
| <i>vitalara oral tablet 20-1 mg</i>                                                              | NF        |            |
| VITATHELY WITH GINGER ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )                 | NF        |            |
| <i>wescap-pn dha oral capsule 27-0.6-0.4-300 mg</i>                                              | NF        |            |
| <i>wesnatal dha complete oral 29-1-200 &amp; 200 mg</i>                                          | NF        |            |
| <i>wesnate dha oral capsule 28-1-200 mg</i>                                                      | NF        |            |
| <i>westab plus oral tablet 27-1 mg</i>                                                           | NF        |            |
| <i>westgel dha oral capsule 31-0.6-0.4-200 mg</i>                                                | NF        |            |
| <i>zalvit oral tablet 13-1 mg</i>                                                                | NF        |            |
| <i>ziphex oral tablet 13-1 mg</i>                                                                | NF        |            |
| <b>VITAMINS - VITAMINS AND SUPPLEMENTS</b>                                                       |           |            |
| ACCRUFER ORAL CAPSULE 30 MG ( <i>ferric maltol</i> )                                             | NF        |            |
| <i>active fe oral tablet 75-1.25 mg</i>                                                          | NPB       |            |
| <i>activite oral tablet 1 mg</i>                                                                 | NF        |            |
| AIRAVITE ORAL TABLET 2.5-25-1 MG ( <i>folic acid-vit b6-vit b12</i> )                            | G         |            |
| <i>altrixa oral tablet</i>                                                                       | NF        |            |
| AMLADEX ORAL TABLET ( <i>multiple vitamin</i> )                                                  | NF        |            |

| Prescription Drug Name                                                                     | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------|-----------|------------|
| ASTAMED MYO ORAL CAPSULE ( <i>astaxanthin-tocotrienol-zn-d3</i> )                          | NF        |            |
| <i>biocel oral tablet</i>                                                                  | G         |            |
| <i>bp vit 3 oral capsule 1 mg</i>                                                          | NPB       |            |
| <i>b-plex oral tablet</i>                                                                  | G         |            |
| <i>b-plex plus oral tablet</i>                                                             | G         |            |
| CALCIFOL ORAL WAFER 1342-1.6 MG ( <i>ca carb-fa-d-b6-b12-boron-mg</i> )                    | NPB       |            |
| CENFOL ORAL TABLET 2.3-24.5-2 MG ( <i>folic acid-vit b6-vit b12</i> )                      | NPB       |            |
| CORVITE 150 ORAL TABLET ( <i>iron combinations</i> )                                       | NPB       |            |
| <i>corvite fe oral tablet</i>                                                              | NPB       |            |
| <i>cvs folic acid oral tablet 800 mcg</i>                                                  | CE        |            |
| <i>cyanocobalamin injection solution 1000 mcg/ml</i>                                       | G         |            |
| DAVIMET-FLUORIDE ORAL TABLET CHEWABLE 0.75 MG ( <i>pediatric multivitamins-fl</i> )        | NF        |            |
| <i>dayavite oral tablet</i>                                                                | NF        |            |
| DEXIFOL ORAL TABLET 5 MG ( <i>b complex-c-folic acid</i> )                                 | NF        |            |
| DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) ( <i>ergocalciferol</i> )                          | NPB       |            |
| ELFOLATE PLUS ORAL TABLET 3-35-2 MG ( <i>l-methylfolate-b6-b12</i> )                       | NF        |            |
| <i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>                                      | G         |            |
| FA-8 ORAL CAPSULE 0.8 MG ( <i>folic acid</i> )                                             | CE        |            |
| <i>ferottrinsic oral capsule</i>                                                           | G         |            |
| FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG ( <i>ped multiple vit-minerals-fl</i> ) | NF        |            |
| <i>folagent dha oral capsule</i>                                                           | NF        |            |
| <i>folamax oral tablet</i>                                                                 | NF        |            |
| <i>folamed dha oral capsule</i>                                                            | NF        |            |
| <i>folaprime oral tablet</i>                                                               | NF        |            |
| <i>folate oral tablet 400 mcg</i>                                                          | CE        |            |
| <i>folbee oral tablet 2.5-25-1 mg</i>                                                      | G         |            |
| <i>folbee plus oral tablet</i>                                                             | G         |            |
| FOLGARD OS ORAL TABLET 500-1.1 MG ( <i>multiple vit-min-calcium-fa</i> )                   | NF        |            |
| <i>folic acid injection solution 5 mg/ml</i>                                               | G         |            |

| Prescription Drug Name                                                              | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------|-----------|------------|
| <i>folic acid oral capsule 0.8 mg</i>                                               | CE        |            |
| <i>folic acid oral tablet 400 mcg</i>                                               | CE        |            |
| <i>folite oral tablet</i>                                                           | NF        |            |
| <i>foltrin oral capsule</i>                                                         | G         |            |
| FOLVITE-D ORAL TABLET 1-3775 MG-UNIT ( <i>folic acid-cholecalciferol</i> )          | NF        |            |
| FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT ( <i>genistein-zn chelate-vit d</i> )     | NF        |            |
| FOSTEUM PLUS ORAL CAPSULE ( <i>dietary management product</i> )                     | NF        |            |
| <i>ft folic acid oral tablet 400 mcg</i>                                            | CE        |            |
| FUSION PLUS ORAL CAPSULE ( <i>iron-fa-b cmp-c-biot-probiotic</i> )                  | NPB       |            |
| <i>gnp folic acid oral tablet 400 mcg</i>                                           | CE        |            |
| HEMOCYTE PLUS ORAL CAPSULE 106-1 MG ( <i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i> )        | NPB       |            |
| <i>hylavite oral tablet</i>                                                         | NF        |            |
| <i>hylazinc oral tablet</i>                                                         | NF        |            |
| ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG ( <i>iron-vit c-vit b12-folic acid</i> ) | NF        |            |
| <i>keyfolic oral tablet</i>                                                         | NF        |            |
| K-TAN PLUS ORAL CAPSULE 162-115.2-1 MG ( <i>fefum-fepo-fa-b cmp-c-zn-mn-cu</i> )    | G         |            |
| LDL CARE ORAL POWDER ( <i>dietary management product</i> )                          | NF        |            |
| LYSIPLEX PLUS ORAL TABLET ( <i>multiple vitamins-minerals</i> )                     | G         |            |
| <i>medi tab oral tablet</i>                                                         | NF        |            |
| <i>mincora oral tablet</i>                                                          | NF        |            |
| MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG ( <i>fe asp gly-succ-c-thre-b12-fa</i> )   | NPB       |            |
| MULTIGEN ORAL TABLET 70 MG ( <i>fe-succ-c-thre-b12-des stomach</i> )                | NPB       |            |
| MULTIGEN PLUS ORAL TABLET ( <i>feasp-fefum -suc-c-thre-b12-fa</i> )                 | NPB       |            |
| <i>multipro oral capsule</i>                                                        | NF        |            |
| <i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>           | NF        |            |
| <i>multi-vitamin/fluoride oral solution 0.5 mg/ml</i>                               | G         |            |
| <i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>                      | G         |            |

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|--------------------------------------------------------------------------------------|-----------|------------|
| NASCOBAL NASAL SOLUTION 500 MCG/0.1ML<br>(cyanocobalamin)                            | NPB       |            |
| <i>neoke bhb oral powder</i>                                                         | NF        |            |
| <i>neovite oral tablet</i>                                                           | NF        |            |
| NICADAN ORAL TABLET (multiple vitamins-minerals)                                     | NF        |            |
| NICAPRIN ORAL TABLET (dietary management product)                                    | NF        |            |
| NICAZEL FORTE ORAL TABLET (multiple vitamins-minerals)                               | NF        |            |
| NICAZEL ORAL TABLET (multiple vitamins-minerals)                                     | NF        |            |
| NICOMIDE ORAL TABLET 750-27-2-0.5 MG (niacinamide-zn-cu-methfo-se-cr)                | NF        |            |
| <i>nicotinamide oral tablet 750-27-2-0.5 mg</i>                                      | NF        |            |
| NUFOL ORAL TABLET 2.5-25-1 MG (folic acid-vit b6-vit b12)                            | G         |            |
| NUTRIFAC ZX ORAL TABLET (multiple vitamins-minerals)                                 | G         |            |
| <i>onevite oral tablet</i>                                                           | NF        |            |
| <i>ortho df oral capsule 1-3775 mg-unit</i>                                          | NF        |            |
| <i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>                          | G         |            |
| <i>phytonadione oral tablet 5 mg</i>                                                 | G         |            |
| <i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>                           | G         |            |
| <i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>                     | G         |            |
| POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (pediatric multivitamins-fl)                 | NF        |            |
| POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins-fl) | NF        |            |
| POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (ped multivitamins-fl-iron)           | NF        |            |
| POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (ped multivitamins-fl-iron)         | NF        |            |
| <i>pro-critic oral packet</i>                                                        | NPB       |            |
| <i>profola oral tablet</i>                                                           | NF        |            |
| <i>pyridoxine hcl injection solution 100 mg/ml</i>                                   | G         |            |
| REMEDIENT ORAL CAPSULE (multiple vitamins-minerals)                                  | NF        |            |
| RENATABS WITH IRON ORAL 1 & 100 MG (b complex-c-biotin-e-fa-fe cbn)                  | NF        |            |
| <i>reno caps oral capsule 1 mg</i>                                                   | G         |            |
| RHEUMATE ORAL CAPSULE (dietary management product)                                   | NF        |            |
| STROVITE FORTE ORAL SYRUP (multiple vitamins-minerals)                               | NF        |            |
| <i>support oral liquid</i>                                                           | NF        |            |

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|------------------------------------------------------------------------------|-----------|------------|
| TALIVA ORAL CAPSULE 1 MG ( <i>fa-b6-b12-omega 3-phytosterols</i> )           | NF        |            |
| TOBAKIENT ORAL CAPSULE ( <i>dietary management product</i> )                 | NF        |            |
| TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML ( <i>pediatric multivitamins-fl</i> ) | NF        |            |
| <i>tri-vi-floro oral suspension 0.25 mg/ml, 0.5 mg/ml</i>                    | NF        |            |
| <i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>                 | G         |            |
| <i>tronvite oral tablet 1 mg</i>                                             | NF        |            |
| UDAMIN SP ORAL TABLET ( <i>multiple vitamins-minerals</i> )                  | NF        |            |
| VASCULERA ORAL TABLET ( <i>dietary management product</i> )                  | NF        |            |
| <i>vb6 p5p oral powder</i>                                                   | NF        |            |
| <i>v-c forte oral capsule</i>                                                | G         |            |
| VIC-FORTE ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )                 | G         |            |
| VITA S FORTE ORAL TABLET ( <i>multiple vitamins-minerals</i> )               | G         |            |
| VITACEL ORAL TABLET ( <i>multiple vitamins-minerals</i> )                    | G         |            |
| <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>            | G         |            |
| <i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>                    | G         |            |
| VITAROCA PLUS ORAL TABLET ( <i>multiple vitamins-minerals</i> )              | NF        |            |
| <i>vitasure oral tablet 1 mg</i>                                             | NF        |            |
| <i>wellfolia oral tablet</i>                                                 | NF        |            |
| <i>xyzbac oral tablet</i>                                                    | NF        |            |
| <i>yl folic acid oral tablet 400 mcg</i>                                     | CE        |            |
| <b>OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS</b>                            |           |            |
| <b>ANTIALLERGICS - DRUGS TO TREAT ALLERGIES</b>                              |           |            |
| ALOCRILOPHthalmic SOLUTION 2 % ( <i>nedocromil sodium</i> )                  | NPB       |            |
| <i>azelastine hcl ophthalmic solution 0.05 %</i>                             | G         |            |
| BEPREVE OPHthalmic SOLUTION 1.5 % ( <i>bepotastine besilate</i> )            | NF        |            |
| <i>cromolyn sodium ophthalmic solution 4 %</i>                               | G         |            |
| <i>epinastine hcl ophthalmic solution 0.05 %</i>                             | G         |            |
| <i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>                      | G         |            |
| ZERVIA TE OPHthalmic SOLUTION 0.24 % ( <i>cetirizine hcl</i> )               | NF        |            |
| <b>ANTIGLAUCOMA BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA</b>                  |           |            |
| <i>betaxolol hcl ophthalmic solution 0.5 %</i>                               | G         |            |

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|--------------------------------------------------------------------------------------|-----------|------------|
| BETIMOL OPHTHALMIC SOLUTION 0.5 % ( <i>timolol hemihydrate</i> )                     | NF        |            |
| BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % ( <i>betaxolol hcl</i> )                     | PB        |            |
| <i>carteolol hcl ophthalmic solution 1 %</i>                                         | G         |            |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i>                                     | G         |            |
| <i>timolol hemihydrate ophthalmic solution 0.5 %</i>                                 | NF        |            |
| <i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>                        | G         |            |
| <i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>                 | G         |            |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>                             | G         |            |
| TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % ( <i>timolol maleate</i> )        | NF        |            |
| <b>ANTIGLAUCOMA COMBINATION AGENTS - DRUGS TO TREAT GLAUCOMA</b>                     |           |            |
| COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % ( <i>brimonidine tartrate-timolol</i> )       | NF        |            |
| COSOPT OPHTHALMIC SOLUTION 2-0.5 % ( <i>dorzolamide hcl-timolol mal</i> )            | NPB       |            |
| <i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>                       | G         |            |
| <i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>                    | G         |            |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % ( <i>netarsudil-latanoprost</i> )         | NF        |            |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % ( <i>brinzolamide-brimonidine</i> )          | PB        |            |
| <b>ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION</b> |           |            |
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>                         | G         |            |
| <i>double pm ophthalmic solution reconstituted 1-0.5 %</i>                           | NF        |            |
| MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 ( <i>neomycin-polymyxin-dexameth</i> )    | NPB       |            |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>                 | G         |            |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>               | G         |            |
| <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>                       | G         |            |
| <i>prednisolone-gatifloxacin ophthalmic suspension 1-0.5 %</i>                       | NF        |            |
| <i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>                      | G         |            |

| Prescription Drug Name                                                              | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %<br>( <i>tobramycin-dexamethasone</i> )       | PB        |                                            |
| TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %<br>( <i>tobramycin-dexamethasone</i> ) | NF        |                                            |
| <i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>                     | G         |                                            |
| <i>triple pmb ophthalmic solution reconstituted 1-0.5-0.09 %</i>                    | NF        |                                            |
| <i>triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %</i>                     | NF        |                                            |
| ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % ( <i>loteprednol-tobramycin</i> )             | NF        |                                            |
| <b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>                                  |           |                                            |
| AZASITE OPHTHALMIC SOLUTION 1 % ( <i>azithromycin</i> )                             | NF        |                                            |
| <i>bacitracin ophthalmic ointment 500 unit/gm</i>                                   | G         |                                            |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>                 | G         |                                            |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 %<br>( <i>besifloxacin hcl</i> )                | PB        |                                            |
| CILOXAN OPHTHALMIC OINTMENT 0.3 % ( <i>ciprofloxacin hcl</i> )                      | NF        |                                            |
| <i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>                                  | G         |                                            |
| <i>erythromycin ophthalmic ointment 5 mg/gm</i>                                     | G         | N8 (Listing does not include certain NDCs) |
| <i>gatifloxacin ophthalmic solution 0.5 %</i>                                       | G         |                                            |
| <i>gentamicin sulfate ophthalmic solution 0.3 %</i>                                 | G         |                                            |
| KLARITY-A OPHTHALMIC SOLUTION 1 % ( <i>azithromycin</i> )                           | NF        |                                            |
| MITOSOL OPHTHALMIC KIT 0.2 MG ( <i>mitomycin</i> )                                  | NPB       |                                            |
| <i>moxifloxacin hcl ophthalmic solution 0.5 %</i>                                   | G         |                                            |
| NATACYN OPHTHALMIC SUSPENSION 5 % ( <i>natamycin</i> )                              | NPB       |                                            |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>               | G         |                                            |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>            | G         |                                            |
| <i>ofloxacin ophthalmic solution 0.3 %</i>                                          | G         |                                            |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>             | G         |                                            |
| <i>sulfacetamide sodium ophthalmic solution 10 %</i>                                | G         |                                            |
| <i>tobramycin ophthalmic solution 0.3 %</i>                                         | G         |                                            |
| <i>tobramycin-vancomycin hcl ophthalmic solution 1.5-5 %</i>                        | NF        |                                            |
| TOBREX OPHTHALMIC OINTMENT 0.3 % ( <i>tobramycin</i> )                              | NPB       |                                            |

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|-----------------------------------------------------------------------|-----------|------------|
| <i>trifluridine ophthalmic solution 1 %</i>                           | G         |            |
| VIGAMOX OPHTHALMIC SOLUTION 0.5 % ( <i>moxifloxacin hcl</i> )         | NPB       |            |
| XDEMVY OPHTHALMIC SOLUTION 0.25 % ( <i>lotilaner</i> )                | PB        |            |
| ZIRGAN OPHTHALMIC GEL 0.15 % ( <i>ganciclovir</i> )                   | NF        |            |
| <b>ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION</b>              |           |            |
| ACULAR OPHTHALMIC SOLUTION 0.5 % ( <i>ketorolac tromethamine</i> )    | NPB       |            |
| ACUVAIL OPHTHALMIC SOLUTION 0.45 % ( <i>ketorolac tromethamine</i> )  | NF        |            |
| ALREX OPHTHALMIC SUSPENSION 0.2 % ( <i>loteprednol etabonate</i> )    | NF        |            |
| <i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>       | G         |            |
| BROMSITE OPHTHALMIC SOLUTION 0.075 % ( <i>bromfenac sodium</i> )      | NF        |            |
| <i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>       | G         |            |
| DEXTENZA OPHTHALMIC INSERT 0.4 MG ( <i>dexamethasone</i> )            | NF        |            |
| DEXYCU INTRAOCULAR SUSPENSION 9 % ( <i>dexamethasone</i> )            | NF        |            |
| <i>diclofenac sodium ophthalmic solution 0.1 %</i>                    | G         |            |
| <i>difluprednate ophthalmic emulsion 0.05 %</i>                       | G         |            |
| DUREZOL OPHTHALMIC EMULSION 0.05 % ( <i>difluprednate</i> )           | NPB       |            |
| EYSUVIS OPHTHALMIC SUSPENSION 0.25 % ( <i>loteprednol etabonate</i> ) | NPB       |            |
| FLAREX OPHTHALMIC SUSPENSION 0.1 % ( <i>fluorometholone acetate</i> ) | NF        |            |
| <i>fluorometholone ophthalmic suspension 0.1 %</i>                    | G         |            |
| <i>flurbiprofen sodium ophthalmic solution 0.03 %</i>                 | G         |            |
| FML FORTE OPHTHALMIC SUSPENSION 0.25 % ( <i>fluorometholone</i> )     | NF        |            |
| FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % ( <i>fluorometholone</i> )  | NF        |            |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 % ( <i>nepafenac</i> )               | PB        |            |
| INVELTYS OPHTHALMIC SUSPENSION 1 % ( <i>loteprednol etabonate</i> )   | NF        |            |
| <i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>        | G         |            |

| Prescription Drug Name                                                | Drug Tier | Drug Notes                                 |
|-----------------------------------------------------------------------|-----------|--------------------------------------------|
| KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 %<br>(loteprednol etabonate) | NF        |                                            |
| LOTEMAX OPHTHALMIC GEL 0.5 % (loteprednol etabonate)                  | NF        |                                            |
| LOTEMAX OPHTHALMIC OINTMENT 0.5 % (loteprednol etabonate)             | NF        |                                            |
| LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (loteprednol etabonate)           | NF        |                                            |
| LOTEMAX SM OPHTHALMIC GEL 0.38 % (loteprednol etabonate)              | NF        |                                            |
| loteprednol etabonate ophthalmic suspension 0.5 %                     | G         |                                            |
| MAXIDEX OPHTHALMIC SUSPENSION 0.1 %<br>(dexamethasone)                | NF        |                                            |
| NEVANAC OPHTHALMIC SUSPENSION 0.1 % (nepafenac)                       | NF        |                                            |
| OZURDEX INTRAVITREAL IMPLANT 0.7 MG<br>(dexamethasone)                | NPSP      |                                            |
| PRED FORTE OPHTHALMIC SUSPENSION 1 %<br>(prednisolone acetate)        | NF        |                                            |
| PRED MILD OPHTHALMIC SUSPENSION 0.12 %<br>(prednisolone acetate)      | NF        |                                            |
| prednisolone acetate ophthalmic suspension 1 %                        | G         |                                            |
| prednisolone acetate p-f ophthalmic suspension 1 %                    | NPB       |                                            |
| prednisolone sodium phosphate ophthalmic solution 1 %                 | NPB       |                                            |
| PROLENSA OPHTHALMIC SOLUTION 0.07 % (bromfenac sodium)                | NPB       |                                            |
| <b>CARBONIC ANHYDRASE INHIBITORS - DRUGS TO TREAT GLAUCOMA</b>        |           |                                            |
| AZOPT OPHTHALMIC SUSPENSION 1 % (brinzolamide)                        | NPB       |                                            |
| brinzolamide ophthalmic suspension 1 %                                | G         |                                            |
| dorzolamide hcl ophthalmic solution 2 %                               | G         | N8 (Listing does not include certain NDCs) |
| <b>DRY EYE DISEASE</b>                                                |           |                                            |
| CEQUA OPHTHALMIC SOLUTION 0.09 % (cyclosporine)                       | NF        |                                            |
| cyclosporine ophthalmic emulsion 0.05 %                               | NF        |                                            |
| MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML<br>(perfluorohexyloctane)       | NF        |                                            |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %<br>(cyclosporine)       | PB        |                                            |
| RESTASIS OPHTHALMIC EMULSION 0.05 % (cyclosporine)                    | PB        |                                            |

| Prescription Drug Name                                                              | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------|-----------|------------|
| TRYPTYR OPHTHALMIC SOLUTION 0.003 % ( <i>acoltremon</i> )                           | NF        |            |
| VEVYE OPHTHALMIC SOLUTION 0.1 % ( <i>cyclosporine</i> )                             | PB        |            |
| XIIDRA OPHTHALMIC SOLUTION 5 % ( <i>lifitegrast</i> )                               | NF        |            |
| <b>MISCELLANEOUS</b>                                                                |           |            |
| AKTEN OPHTHALMIC GEL 3.5 % ( <i>lidocaine hcl</i> )                                 | NPB       |            |
| ALTACAIN OPHTHALMIC SOLUTION 0.5 % ( <i>tetracaine hcl</i> )                        | G         |            |
| ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 % ( <i>phenylephrine hcl</i> )               | G         |            |
| <i>atropine sulfate ophthalmic solution 1 %</i>                                     | NPB       |            |
| <i>cyclopentolate hcl ophthalmic solution 1 %</i>                                   | G         |            |
| CYSTADROPS OPHTHALMIC SOLUTION 0.37 % ( <i>cysteamine hcl</i> )                     | NF        |            |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 % ( <i>cysteamine hcl</i> )                       | NPSP      |            |
| MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE 1-2.5 % ( <i>tropicamide-phenylephrine</i> ) | NF        |            |
| OXERVATE OPHTHALMIC SOLUTION 0.002 % ( <i>cenegermin-bkbj</i> )                     | NPSP      |            |
| <i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>                            | G         |            |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>                            | G         |            |
| <i>proparacaine hcl ophthalmic solution 0.5 %</i>                                   | G         |            |
| QLOSI OPHTHALMIC SOLUTION 0.4 % ( <i>pilocarpine hcl</i> )                          | NF        |            |
| <i>tropicamide ophthalmic solution 0.5 %, 1 %</i>                                   | G         |            |
| TYRVAYA NASAL SOLUTION 0.03 MG/ACT ( <i>varenicline tartrate</i> )                  | NF        |            |
| UPNEEQ OPHTHALMIC SOLUTION 0.1 % ( <i>oxymetazoline hcl</i> )                       | NF        |            |
| VERKAZIA OPHTHALMIC EMULSION 0.1 % ( <i>cyclosporine</i> )                          | NF        |            |
| VIZZ OPHTHALMIC SOLUTION 1.44 % ( <i>aceclidine hcl</i> )                           | NF        |            |
| VUITY OPHTHALMIC SOLUTION 1.25 % ( <i>pilocarpine hcl</i> )                         | NF        |            |
| <b>PROSTAGLANDINS - DRUGS TO TREAT GLAUCOMA</b>                                     |           |            |
| <i>bimatoprost ophthalmic solution 0.03 %</i>                                       | G         |            |
| IYUZEH OPHTHALMIC SOLUTION 0.005 % ( <i>latanoprost</i> )                           | NF        |            |
| <i>latanoprost ophthalmic solution 0.005 %</i>                                      | G         |            |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % ( <i>bimatoprost</i> )                           | NF        |            |

| Prescription Drug Name                                                                               | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %<br>( <i>travoprost</i> )                                      | NF        |                                            |
| <i>travoprost (bak free) ophthalmic solution 0.004 %</i>                                             | G         | N8 (Listing does not include certain NDCs) |
| VYZULTA OPHTHALMIC SOLUTION 0.024 %<br>( <i>latanoprostene bunod</i> )                               | NF        |                                            |
| XALATAN OPHTHALMIC SOLUTION 0.005 % ( <i>latanoprost</i> )                                           | NPB       |                                            |
| XELPROS OPHTHALMIC EMULSION 0.005 % ( <i>latanoprost</i> )                                           | NF        |                                            |
| ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % ( <i>tafluprost</i> )                                           | NPB       |                                            |
| <b>RETINAL DISORDERS</b>                                                                             |           |                                            |
| BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML<br>( <i>ranibizumab-nuna</i> )                           | PSP       |                                            |
| CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML ( <i>ranibizumab-eqrn</i> )               | NPSP      |                                            |
| EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML<br>( <i>afibercept</i> )                                     | NF        |                                            |
| EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML ( <i>afibercept</i> )                      | NF        |                                            |
| LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML ( <i>ranibizumab</i> ) | NF        |                                            |
| <b>RHO KINASE INHIBITORS - DRUGS TO TREAT EYE CONDITIONS</b>                                         |           |                                            |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % ( <i>netarsudil dimesylate</i> )                                | NF        |                                            |
| <b>SYMPATHOMIMETICS - DRUGS TO TREAT GLAUCOMA</b>                                                    |           |                                            |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % ( <i>brimonidine tartrate</i> )                                 | PB        |                                            |
| <i>apraclonidine hcl ophthalmic solution 0.5 %</i>                                                   | G         |                                            |
| <i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>                                        | G         |                                            |
| IOPIDINE OPHTHALMIC SOLUTION 1 % ( <i>apraclonidine hcl</i> )                                        | NPB       |                                            |
| <b>OTHER</b>                                                                                         |           |                                            |
| <b>IRRIGATION SOLUTIONS</b>                                                                          |           |                                            |
| ARGYLE STERILE WATER IRRIGATION SOLUTION ( <i>water for irrigation, sterile</i> )                    | G         |                                            |
| <i>lactated ringers irrigation solution</i>                                                          | G         |                                            |
| <i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)                               | G         |                                            |
| <i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)                     | G         |                                            |

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| Prescription Drug Name                                                                                      | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>ringers irrigation irrigation solution</i>                                                               | G         |                                            |
| <i>sterile water for irrigation irrigation solution</i>                                                     | G         |                                            |
| <b>RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS</b>                                                     |           |                                            |
| <b>ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT</b>               |           |                                            |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG ( <i>alpha1-proteinase inhibitor</i> )        | PSP       |                                            |
| GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML ( <i>alpha1-proteinase inhibitor</i> )    | PSP       |                                            |
| PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML ( <i>alpha1-proteinase inhibitor</i> )                        | NF        |                                            |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG ( <i>alpha1-proteinase inhibitor</i> ) | PSP       |                                            |
| <b>ANAPHYLAXIS TREATMENT AGENTS</b>                                                                         |           |                                            |
| ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML ( <i>epinephrine</i> )                                     | NF        |                                            |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML ( <i>epinephrine</i> )   | PB        |                                            |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>                                          | G         |                                            |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>                                           | NF        |                                            |
| <i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>                                            | G         | N8 (Listing does not include certain NDCs) |
| <i>epinephrine injection solution prefilled syringe 0.3 mg/0.3ml</i>                                        | G         | N8 (Listing does not include certain NDCs) |
| <i>epinephrine professional injection kit 1 mg/ml</i>                                                       | NF        |                                            |
| EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )                                            | NF        |                                            |
| EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )                                              | NF        |                                            |
| EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML ( <i>epinephrine</i> )                           | NF        |                                            |
| EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML ( <i>epinephrine</i> )                       | NF        |                                            |
| NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML ( <i>epinephrine</i> )                                          | NF        |                                            |

| Prescription Drug Name                                                                                                                            | Drug Tier | Drug Notes                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------|
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS<br/>- DRUGS TO TREAT COPD</b>                                                                        |           |                                               |
| ANORO ELLIPTA INHALATION AEROSOL POWDER<br>BREATH ACTIVATED 62.5-25 MCG/ACT ( <i>umeclidinium-vilanterol</i> )                                    | PB        |                                               |
| BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8<br>MCG/ACT ( <i>glycopyrrolate-formoterol</i> )                                                       | NF        |                                               |
| COMBIVENT RESPIMAT INHALATION AEROSOL<br>SOLUTION 20-100 MCG/ACT ( <i>ipratropium-albuterol</i> )                                                 | NPB       |                                               |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>                                                                               | G         |                                               |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION<br>2.5-2.5 MCG/ACT ( <i>tiotropium bromide-olodaterol</i> )                                          | PB        |                                               |
| <i>umeclidinium-vilanterol inhalation aerosol powder breath<br/>activated 62.5-25 mcg/act</i>                                                     | NF        |                                               |
| <b>ANTICHOLINERGIC/BETA AGONIST/STEROID<br/>COMBINATIONS - DRUGS TO TREAT ASTHMA AND<br/>COPD</b>                                                 |           |                                               |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8<br>MCG/ACT ( <i>budeson-glycopyrrol-formoterol</i> )                                              | PB        |                                               |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER<br>BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25<br>MCG/ACT ( <i>fluticasone-umeclidin-vilant</i> ) | PB        |                                               |
| <b>ANTICHOLINERGICS</b>                                                                                                                           |           |                                               |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17<br>MCG/ACT ( <i>ipratropium bromide hfa</i> )                                                         | NPB       |                                               |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER<br>BREATH ACTIVATED 62.5 MCG/ACT ( <i>umeclidinium<br/>bromide</i> )                                    | NF        |                                               |
| <i>ipratropium bromide inhalation solution 0.02 %</i>                                                                                             | G         | N8 (Listing does not include<br>certain NDCs) |
| <i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>                                                                                          | G         |                                               |
| SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG<br>( <i>tiotropium bromide</i> )                                                                     | PB        |                                               |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION<br>1.25 MCG/ACT, 2.5 MCG/ACT ( <i>tiotropium bromide</i> )                                           | PB        |                                               |
| <i>tiotropium bromide inhalation capsule 18 mcg</i>                                                                                               | NF        |                                               |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER<br>BREATH ACTIVATED 400 MCG/ACT ( <i>aclidinium bromide</i> )                                          | NF        |                                               |
| YUPELRI INHALATION SOLUTION 175 MCG/3ML<br>( <i>revefenacin</i> )                                                                                 | PB        |                                               |

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|-------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>ANTI-HISTAMINE COMBINATIONS</b>                                                        |           |                                            |
| <i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>                             | G         |                                            |
| DYMISTA NASAL SUSPENSION 137-50 MCG/ACT<br>( <i>azelastine-fluticasone</i> )              | NF        |                                            |
| RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT<br>( <i>olopatadine-mometasone</i> )             | NF        |                                            |
| <b>ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES</b>                                         |           |                                            |
| <i>azelastine hcl nasal solution 137 mcg/spray</i>                                        | G         |                                            |
| <i>carbinoxamine maleate oral solution 4 mg/5ml</i>                                       | G         |                                            |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                                             | G         |                                            |
| <i>carbinoxamine maleate oral tablet 6 mg</i>                                             | NF        |                                            |
| <i>cetirizine hcl oral solution 1 mg/ml</i>                                               | G         |                                            |
| CLARINEX ORAL TABLET 5 MG ( <i>desloratadine</i> )                                        | NPB       |                                            |
| <i>clemastine fumarate oral tablet 2.68 mg</i>                                            | G         |                                            |
| CLEMSZA ORAL TABLET 2.68 MG ( <i>clemastine fumarate</i> )                                | NF        |                                            |
| <i>cyproheptadine hcl oral syrup 2 mg/5ml</i>                                             | G         |                                            |
| <i>cyproheptadine hcl oral tablet 4 mg</i>                                                | G         | N8 (Listing does not include certain NDCs) |
| <i>desloratadine oral tablet 5 mg</i>                                                     | G         |                                            |
| <i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>                                 | G         |                                            |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>                                        | G         |                                            |
| <i>hydroxyzine hcl oral syrup 10 mg/5ml</i>                                               | G         |                                            |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>hydroxyzine pamoate oral capsule 100 mg</i>                                            | G         |                                            |
| <i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>                                      | G         | N8 (Listing does not include certain NDCs) |
| KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE<br>4 MG/5ML ( <i>carbinoxamine maleate</i> ) | NPB       |                                            |
| <i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>                            | G         |                                            |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i>                                    | G         |                                            |
| <i>olopatadine hcl nasal solution 0.6 %</i>                                               | G         |                                            |
| RYCLORA ORAL SOLUTION 2 MG/5ML<br>( <i>dexchlorpheniramine maleate</i> )                  | NF        |                                            |
| <i>carbinoxamine maleate</i> (Ryvent Oral Tablet 6 Mg)                                    | G         |                                            |

| Prescription Drug Name                                                                                                  | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD</b>                                                                   |           |                                            |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>                                          | NF        |                                            |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i> | G         | N8 (Listing does not include certain NDCs) |
| <i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>                                                  | G         |                                            |
| <i>albuterol sulfate oral syrup 2 mg/5ml</i>                                                                            | G         |                                            |
| <i>albuterol sulfate oral tablet 2 mg</i>                                                                               | G         |                                            |
| <i>albuterol sulfate oral tablet 4 mg</i>                                                                               | G         | N8 (Listing does not include certain NDCs) |
| <i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>                                                | G         |                                            |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>           | G         |                                            |
| <i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>                                                              | NPB       |                                            |
| PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML ( <i>formoterol fumarate</i> )                                  | NPB       |                                            |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )         | NF        |                                            |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT ( <i>salmeterol xinafoate</i> )                   | PB        |                                            |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>olodaterol hcl</i> )                                    | PB        |                                            |
| <i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>                                                                     | G         | N8 (Listing does not include certain NDCs) |
| VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )                             | NF        |                                            |
| XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT ( <i>levalbuterol tartrate</i> )                                              | NF        |                                            |
| <b>COLD/COUGH</b>                                                                                                       |           |                                            |
| ADRENALIN NASAL SOLUTION 0.1 % ( <i>epinephrine hcl (nasal)</i> )                                                       | NPB       |                                            |
| <i>benzonatate oral capsule 100 mg, 200 mg</i>                                                                          | G         |                                            |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG ( <i>desloratadine-pseudoephedrine</i> )             | NPB       |                                            |
| HYCODAN ORAL SOLUTION 5-1.5 MG/5ML ( <i>hydrocodone bit-homatrop mbr</i> )                                              | NF        |                                            |

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|--------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| HYCODAN ORAL TABLET 5-1.5 MG ( <i>hydrocodone bit-homatrop mbr</i> )                             | NF        |                                            |
| <i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>               | G         |                                            |
| <i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>                                   | G         |                                            |
| <i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>                                         | G         |                                            |
| <i>hydromet oral solution 5-1.5 mg/5ml</i>                                                       | G         |                                            |
| <i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>                                         | G         |                                            |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>                                            | G         |                                            |
| <i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>                                                 | G         |                                            |
| <i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>                                           | G         | N8 (Listing does not include certain NDCs) |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ( <i>chlorpheniramine-codeine</i> )    | NF        |                                            |
| <b>CYSTIC FIBROSIS</b>                                                                           |           |                                            |
| ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG ( <i>vanzacaft-tezacaft-deutivacaft</i> )          | NPSP      |                                            |
| BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML ( <i>tobramycin</i> )                        | NF        |                                            |
| BRONCHITOL INHALATION CAPSULE 40 MG ( <i>mannitol (cystic fibrosis)</i> )                        | NF        |                                            |
| BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG ( <i>mannitol (cystic fibrosis)</i> )         | NF        |                                            |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG ( <i>aztreonam lysine</i> )                      | NF        |                                            |
| KALYDECO ORAL PACKET 13.4 MG, 25 MG ( <i>ivacaftor</i> )                                         | NPSP      |                                            |
| KALYDECO ORAL PACKET 50 MG, 75 MG ( <i>ivacaftor</i> )                                           | NPB       |                                            |
| KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )     | NF        |                                            |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG ( <i>lumacaftor-ivacaftor</i> )             | NPSP      |                                            |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG ( <i>lumacaftor-ivacaftor</i> )                       | NPB       |                                            |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML ( <i>dornase alfa</i> )                               | NPSP      |                                            |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG ( <i>tezacaftor-ivacaftor</i> ) | NPSP      |                                            |
| TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )                           | NF        |                                            |

| Prescription Drug Name                                                                                              | Drug Tier | Drug Notes                                 |
|---------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| TOBI PODHALER INHALATION CAPSULE 28 MG<br>( <i>tobramycin</i> )                                                     | NF        |                                            |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i>                                                       | G         |                                            |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG ( <i>elexacaftor-tezacaftor-ivacafti</i> ) | NPSP      |                                            |
| TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG ( <i>elexacaftor-tezacaftor-ivacafti</i> )         | NPSP      |                                            |
| <b>LEUKOTRIENE MODIFIERS</b>                                                                                        |           |                                            |
| <i>zileuton er oral tablet extended release 12 hour 600 mg</i>                                                      | NF        |                                            |
| <b>LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES</b>                                       |           |                                            |
| <i>montelukast sodium oral packet 4 mg</i>                                                                          | G         |                                            |
| <i>montelukast sodium oral tablet 10 mg</i>                                                                         | G         |                                            |
| <i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>                                                           | G         |                                            |
| SINGULAIR ORAL PACKET 4 MG ( <i>montelukast sodium</i> )                                                            | NF        |                                            |
| SINGULAIR ORAL TABLET 10 MG ( <i>montelukast sodium</i> )                                                           | NF        |                                            |
| SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG ( <i>montelukast sodium</i> )                                             | NF        |                                            |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i>                                                                         | G         |                                            |
| <b>MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES</b>                                                             |           |                                            |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>                                                   | G         |                                            |
| <b>MISCELLANEOUS</b>                                                                                                |           |                                            |
| <i>acetylcysteine inhalation solution 10 %, 20 %</i>                                                                | G         |                                            |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG ( <i>roflumilast</i> )                                                        | NF        |                                            |
| HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % ( <i>sodium chloride</i> )                                          | NPB       |                                            |
| OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML ( <i>ensifentrine</i> )                                                  | NF        |                                            |
| <i>sodium chloride inhalation nebulization solution 0.9 %</i>                                                       | G         | N8 (Listing does not include certain NDCs) |
| <i>sodium chloride inhalation nebulization solution 10 %, 3 %, 7 %</i>                                              | G         |                                            |
| <b>NASAL STEROIDS - DRUGS TO TREAT ALLERGIES</b>                                                                    |           |                                            |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i>                                                               | G         |                                            |
| <i>fluticasone propionate nasal suspension 50 mcg/act</i>                                                           | G         |                                            |
| <i>mometasone furoate nasal suspension 50 mcg/act</i>                                                               | G         |                                            |
| OMNARIS NASAL SUSPENSION 50 MCG/ACT ( <i>ciclesonide</i> )                                                          | NF        |                                            |

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|--------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT ( <i>beclomethasone diprop (nasal)</i> )                                     | NF        |            |
| QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT ( <i>beclomethasone diprop (nasal)</i> )                                               | NF        |            |
| SINUVA NASAL IMPLANT 1350 MCG ( <i>mometasone furoate</i> )                                                                    | NF        |            |
| XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT ( <i>fluticasone propionate</i> )                                                   | PB        |            |
| <b>PULMONARY FIBROSIS AGENTS</b>                                                                                               |           |            |
| ESBRIET ORAL TABLET 267 MG, 801 MG ( <i>pirfenidone</i> )                                                                      | NF        |            |
| OFEV ORAL CAPSULE 100 MG, 150 MG ( <i>nintedanib esylate</i> )                                                                 | PSP       |            |
| <i>pirfenidone oral tablet 534 mg</i>                                                                                          | G         |            |
| <b>SEVERE ASTHMA AGENTS</b>                                                                                                    |           |            |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML ( <i>benralizumab</i> )                                               | PSP       |            |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML ( <i>tezepelumab-ekko</i> )                                         | PSP       |            |
| <b>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</b>                                                                               |           |            |
| ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT ( <i>ciclesonide</i> )                                             | NF        |            |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT ( <i>fluticasone furoate</i> ) | NF        |            |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )               | NF        |            |
| ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )                | NF        |            |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT ( <i>mometasone furoate</i> )   | NF        |            |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )                | NF        |            |
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT ( <i>mometasone furoate</i> )                              | PB        |            |
| <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>                                                      | G         |            |
| <i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act</i>           | NF        |            |

| Prescription Drug Name                                                                                                                    | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>                                                 | NF        |                                            |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT ( <i>budesonide</i> )                              | PB        |                                            |
| QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT ( <i>beclomethasone diprop hfa</i> )                             | NF        |                                            |
| <b>STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD</b>                                                                 |           |                                            |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT ( <i>fluticasone-salmeterol</i> ) | NF        |                                            |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT ( <i>fluticasone-salmeterol</i> )                             | NF        |                                            |
| AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT ( <i>albuterol-budesonide</i> )                                                                 | NPB       |                                            |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT ( <i>fluticasone furoate-vilanterol</i> )          | PB        | N8 (Listing does not include certain NDCs) |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH ( <i>fluticasone furoate-vilanterol</i> )                           | PB        |                                            |
| <i>budesonide-formoterol fumarate</i> (Breyna Inhalation Aerosol 160-4.5 Mcg/Act, 80-4.5 Mcg/Act)                                         | G         |                                            |
| <i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>                                                  | G         |                                            |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT ( <i>aclidinium br-formoterol fum</i> )                        | NF        |                                            |
| DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT ( <i>mometasone furo-formoterol fum</i> )                            | NF        |                                            |
| <i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>                           | NF        |                                            |
| <i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>                                            | NF        |                                            |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>                   | G         | N8 (Listing does not include certain NDCs) |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>                    | NF        |                                            |

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|----------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate</i> )                                 | NF        |                                            |
| <i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act) | G         |                                            |
| <b>XANTHINES - DRUGS TO TREAT COPD</b>                                                                                                 |           |                                            |
| <i>theophylline</i> (Elixophyllin Oral Elixir 80 Mg/15Ml)                                                                              | NPB       |                                            |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline</i> )                                   | NF        |                                            |
| <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>                                                             | G         | N8 (Listing does not include certain NDCs) |
| <i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>                                                             | G         |                                            |
| <i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>                                                             | G         |                                            |
| <i>theophylline oral elixir 80 mg/15ml</i>                                                                                             | G         |                                            |
| <b>TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS</b>                                                                                |           |                                            |
| <b>DERMATOLOGY, ACNE</b>                                                                                                               |           |                                            |
| ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG ( <i>isotretinoin micronized</i> )                                                  | NF        |                                            |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG ( <i>isotretinoin</i> )                                                 | NPB       |                                            |
| ACANYA EXTERNAL GEL 1.2-2.5 % ( <i>clindamycin phos-benzoyl perox</i> )                                                                | NF        |                                            |
| ACZONE EXTERNAL GEL 7.5 % ( <i>dapsone</i> )                                                                                           | NF        |                                            |
| <i>adainzoxia external gel 0.3-2.5-4 %</i>                                                                                             | NF        |                                            |
| <i>adapalene external cream 0.1 %</i>                                                                                                  | G         |                                            |
| <i>adapalene external gel 0.1 %</i>                                                                                                    | G         |                                            |
| <i>adapalene external gel 0.3 %</i>                                                                                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>adapalene external pad 0.1 %</i>                                                                                                    | NF        |                                            |
| <i>adapalene external solution 0.1 %</i>                                                                                               | NF        |                                            |
| <i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>                                                                               | G         |                                            |
| AKLIEF EXTERNAL CREAM 0.005 % ( <i>trifarotene</i> )                                                                                   | PB        |                                            |
| ALTRENO EXTERNAL LOTION 0.05 % ( <i>tretinoin</i> )                                                                                    | NF        |                                            |
| <i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)                                                                       | G         |                                            |
| AMZEEQ EXTERNAL FOAM 4 % ( <i>minocycline hcl micronized</i> )                                                                         | NF        |                                            |

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| <i>aphoria external gel 0.3-2.5-4 %</i>                                       | NF        |                                            |
| ARAZLO EXTERNAL LOTION 0.045 % ( <i>tazarotene</i> )                          | NF        |                                            |
| AZELEX EXTERNAL CREAM 20 % ( <i>azelaic acid</i> )                            | NF        |                                            |
| BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 % ( <i>benzoyl peroxide</i> )               | NF        |                                            |
| BENZEPRO EXTERNAL FOAM 5.3 % ( <i>benzoyl peroxide</i> )                      | G         |                                            |
| BENZEPRO EXTERNAL LIQUID 6.8 % ( <i>benzoyl peroxide</i> )                    | NF        |                                            |
| <i>benzoyl peroxide-erythromycin external gel 5-3 %</i>                       | G         |                                            |
| CABTREO EXTERNAL GEL 0.15-3.1-1.2 % ( <i>adapalene-benzoyl per-clindamy</i> ) | NF        |                                            |
| <i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)        | G         |                                            |
| <i>clindamycin phosphate</i> (Clindacin Etz External Swab 1 %)                | G         |                                            |
| <i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)                  | G         |                                            |
| <i>clindamycin phos (once-daily) external gel 1 %</i>                         | NF        |                                            |
| <i>clindamycin phos (twice-daily) external gel 1 %</i>                        | NF        |                                            |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>  | G         |                                            |
| <i>clindamycin phosphate external foam 1 %</i>                                | G         |                                            |
| <i>clindamycin phosphate external lotion 1 %</i>                              | G         |                                            |
| <i>clindamycin phosphate external solution 1 %</i>                            | G         |                                            |
| <i>clindamycin phosphate external swab 1 %</i>                                | G         |                                            |
| <i>clindamycin-tretinoin external gel 1.2-0.025 %</i>                         | G         |                                            |
| <i>dapsone external gel 5 %</i>                                               | G         | N8 (Listing does not include certain NDCs) |
| EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % ( <i>adapalene-benzoyl peroxide</i> )     | PB        |                                            |
| <i>ery external pad 2 %</i>                                                   | G         |                                            |
| <i>erythromycin external gel 2 %</i>                                          | G         |                                            |
| <i>erythromycin external solution 2 %</i>                                     | G         |                                            |
| FABIOR EXTERNAL FOAM 0.1 % ( <i>tazarotene</i> )                              | NF        |                                            |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                   | G         |                                            |
| <i>isotretinoin oral capsule 25 mg, 35 mg</i>                                 | NF        |                                            |
| <i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel 1.2-5 %)            | G         |                                            |
| ONEXTON EXTERNAL GEL 1.2-3.75 % ( <i>clindamycin phos-benzoyl perox</i> )     | NPB       |                                            |
| PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 % ( <i>benzoyl peroxide</i> )         | NF        |                                            |

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|------------------------------------------------------------------------------------------------|-----------|------------|
| RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % ( <i>tretinoin microsphere</i> )                      | NF        |            |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % ( <i>tretinoin microsphere</i> ) | NF        |            |
| <i>sulfacetamide sodium (acne) external lotion 10 %</i>                                        | G         |            |
| <i>sulfacetamide sodium-sulfur external liquid 9.8-4.8 %</i>                                   | CE        |            |
| <i>tazarotene external foam 0.1 %</i>                                                          | NF        |            |
| <i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>                                         | G         |            |
| <i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>                                          | G         |            |
| <i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>                                        | G         |            |
| <i>tretinoin microsphere pump external gel 0.04 %</i>                                          | G         |            |
| TWYNEO EXTERNAL CREAM 0.1-3 % ( <i>tretinoin-benzoyl peroxide</i> )                            | PB        |            |
| WINLEVI EXTERNAL CREAM 1 % ( <i>clascoterone</i> )                                             | NPB       |            |
| <i>isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>                         | G         |            |
| ZIANA EXTERNAL GEL 1.2-0.025 % ( <i>clindamycin-tretinoin</i> )                                | NF        |            |
| <b>DERMATOLOGY, ACTINIC KERATOSIS</b>                                                          |           |            |
| <i>fluorouracil external cream 0.5 %</i>                                                       | NF        |            |
| <i>fluorouracil external cream 5 %</i>                                                         | G         |            |
| <i>fluorouracil external solution 2 %, 5 %</i>                                                 | G         |            |
| <i>imiquimod external cream 5 %</i>                                                            | G         |            |
| <i>imiquimod pump external cream 3.75 %</i>                                                    | G         |            |
| KLISYRI (250 MG) EXTERNAL OINTMENT 1 % ( <i>tirbanibulin</i> )                                 | NPB       |            |
| KLISYRI (350 MG) EXTERNAL OINTMENT 1 % ( <i>tirbanibulin</i> )                                 | NPB       |            |
| TOLAK EXTERNAL CREAM 4 % ( <i>fluorouracil</i> )                                               | NF        |            |
| ZYCLARA EXTERNAL CREAM 3.75 % ( <i>imiquimod</i> )                                             | NPB       |            |
| ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % ( <i>imiquimod</i> )                                 | NPB       |            |
| <b>DERMATOLOGY, ANTIBIOTICS</b>                                                                |           |            |
| <i>gentamicin sulfate external cream 0.1 %</i>                                                 | G         |            |
| <i>gentamicin sulfate external ointment 0.1 %</i>                                              | G         |            |
| <i>mupirocin calcium external cream 2 %</i>                                                    | NF        |            |
| <i>mupirocin external ointment 2 %</i>                                                         | G         |            |

| Prescription Drug Name                                                  | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------|-----------|------------|
| NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % ( <i>neomycin-fluocinolone</i> ) | NF        |            |
| SILVADENE EXTERNAL CREAM 1 % ( <i>silver sulfadiazine</i> )             | NPB       |            |
| <i>silver sulfadiazine external cream 1 %</i>                           | G         |            |
| <i>silver sulfadiazine</i> (Ssd External Cream 1 %)                     | G         |            |
| SULFAMYLON EXTERNAL CREAM 85 MG/GM ( <i>mafenide acetate</i> )          | NPB       |            |
| <b>DERMATOLOGY, ANTIFUNGALS</b>                                         |           |            |
| <i>ciclopirox</i> (Ciclodan External Solution 8 %)                      | G         |            |
| <i>ciclopirox external gel 0.77 %</i>                                   | G         |            |
| <i>ciclopirox external shampoo 1 %</i>                                  | G         |            |
| <i>ciclopirox external solution 8 %</i>                                 | G         |            |
| <i>ciclopirox olamine external cream 0.77 %</i>                         | G         |            |
| <i>ciclopirox olamine external suspension 0.77 %</i>                    | G         |            |
| <i>clotrimazole external cream 1 %</i>                                  | G         |            |
| <i>clotrimazole external solution 1 %</i>                               | G         |            |
| <i>clotrimazole-betamethasone external cream 1-0.05 %</i>               | G         |            |
| <i>clotrimazole-betamethasone external lotion 1-0.05 %</i>              | G         |            |
| <i>econazole nitrate external cream 1 %</i>                             | G         |            |
| ECOZA EXTERNAL FOAM 1 % ( <i>econazole nitrate</i> )                    | NPB       |            |
| ERTACZO EXTERNAL CREAM 2 % ( <i>sertaconazole nitrate</i> )             | NPB       |            |
| EXELDERM EXTERNAL CREAM 1 % ( <i>sulconazole nitrate</i> )              | NPB       |            |
| EXELDERM EXTERNAL SOLUTION 1 % ( <i>sulconazole nitrate</i> )           | NPB       |            |
| JUBLIA EXTERNAL SOLUTION 10 % ( <i>efinaconazole</i> )                  | NPB       |            |
| <i>ketconazole external cream 2 %</i>                                   | G         |            |
| <i>ketconazole external foam 2 %</i>                                    | NF        |            |
| <i>ketconazole</i> (Ketodan External Foam 2 %)                          | NF        |            |
| <i>luliconazole external cream 1 %</i>                                  | NF        |            |
| <i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i> | G         |            |
| <i>naftifine hcl external cream 1 %, 2 %</i>                            | G         |            |
| NAFTIN EXTERNAL GEL 2 % ( <i>naftifine hcl</i> )                        | NPB       |            |
| <i>nystatin</i> (Nyamyc External Powder 100000 Unit/Gm)                 | G         |            |
| <i>nystatin external cream 100000 unit/gm</i>                           | G         |            |
| <i>nystatin external ointment 100000 unit/gm</i>                        | G         |            |
| <i>nystatin external powder 100000 unit/gm</i>                          | G         |            |

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|--------------------------------------------------------------------------------------------------|-----------|------------|
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>                                | G         |            |
| <i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>                             | G         |            |
| <i>nystatin</i> (Nystop External Powder 100000 Unit/Gm)                                          | G         |            |
| <i>oxiconazole nitrate external cream 1 %</i>                                                    | NF        |            |
| OXISTAT EXTERNAL LOTION 1 % ( <i>oxiconazole nitrate</i> )                                       | NPB       |            |
| <i>sulconazole nitrate external solution 1 %</i>                                                 | NPB       |            |
| <i>tavaborole external solution 5 %</i>                                                          | NF        |            |
| VUSION EXTERNAL OINTMENT 0.25-15-81.35 %<br>( <i>miconazole-zinc oxide-petrolat</i> )            | NPB       |            |
| <b>DERMATOLOGY, ANTIPRURITIC</b>                                                                 |           |            |
| <i>doxepin hcl external cream 5 %</i>                                                            | NF        |            |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                                                               |           |            |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>                                              | G         |            |
| <i>calcipotriene external cream 0.005 %</i>                                                      | NF        |            |
| <i>calcipotriene external foam 0.005 %</i>                                                       | NF        |            |
| <i>calcipotriene external ointment 0.005 %</i>                                                   | G         |            |
| <i>calcipotriene external solution 0.005 %</i>                                                   | G         |            |
| <i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>                             | NF        |            |
| <i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>                           | NF        |            |
| <i>calcipotriene</i> (Calcitrene External Ointment 0.005 %)                                      | G         |            |
| <i>calcitriol external ointment 3 mcg/gm</i>                                                     | NF        |            |
| ENSTILAR EXTERNAL FOAM 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )                    | PB        |            |
| <i>methoxsalen rapid oral capsule 10 mg</i>                                                      | NPB       |            |
| SORILUX EXTERNAL FOAM 0.005 % ( <i>calcipotriene</i> )                                           | NF        |            |
| SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML ( <i>spesolimab-sbzo</i> ) | NPSP      |            |
| TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %<br>( <i>calcipotriene-betameth diprop</i> )           | NPB       |            |
| <i>tazarotene external cream 0.1 %</i>                                                           | G         |            |
| TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % ( <i>tazarotene</i> )                                       | NF        |            |
| TAZORAC EXTERNAL GEL 0.05 %, 0.1 % ( <i>tazarotene</i> )                                         | NF        |            |
| VECTICAL EXTERNAL OINTMENT 3 MCG/GM ( <i>calcitriol</i> )                                        | NF        |            |
| VTAMA EXTERNAL CREAM 1 % ( <i>tapinarof</i> )                                                    | PB        |            |
| WYNZORA EXTERNAL CREAM 0.005-0.064 %<br>( <i>calcipotriene-betameth diprop</i> )                 | NF        |            |

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|-----------------------------------------------------------------------------------------|-----------|------------|
| ZORYVE EXTERNAL CREAM 0.3 % ( <i>roflumilast</i> )                                      | PB        |            |
| <b>DERMATOLOGY, ANTISEBORRHEICS</b>                                                     |           |            |
| <i>glycolic acid solution 70 %</i>                                                      | NPB       |            |
| <i>ketoconazole external shampoo 2 %</i>                                                | G         |            |
| <i>selenium sulfide external lotion 2.5 %</i>                                           | G         |            |
| <i>sodium sulfacetamide wash external liquid 10 %</i>                                   | CE        |            |
| ZORYVE EXTERNAL FOAM 0.3 % ( <i>roflumilast</i> )                                       | PB        |            |
| <b>DERMATOLOGY, ATOPIC DERMATITIS</b>                                                   |           |            |
| ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>tralokinumab-ldrm</i> )       | NPSP      |            |
| ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>tralokinumab-ldrm</i> )    | NPSP      |            |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG ( <i>abrocitinib</i> )                        | PSP       |            |
| EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML ( <i>lebrikizumab-lbkz</i> )     | PSP       |            |
| EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML ( <i>lebrikizumab-lbkz</i> ) | PSP       |            |
| EUCRISA EXTERNAL OINTMENT 2 % ( <i>crisaborole</i> )                                    | PB        |            |
| OPZELURA EXTERNAL CREAM 1.5 % ( <i>ruxolitinib phosphate</i> )                          | PB        |            |
| <i>pimecrolimus external cream 1 %</i>                                                  | G         |            |
| <i>tacrolimus external ointment 0.03 %, 0.1 %</i>                                       | G         |            |
| ZORYVE EXTERNAL CREAM 0.05 %, 0.15 % ( <i>roflumilast</i> )                             | PB        |            |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                                                     |           |            |
| ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 % ( <i>hydrocortisone</i> )                | NF        |            |
| ALA SCALP EXTERNAL LOTION 2 % ( <i>hydrocortisone</i> )                                 | NF        |            |
| <i>ala-cort external cream 1 %</i>                                                      | G         |            |
| <i>alclometasone dipropionate external cream 0.05 %</i>                                 | G         |            |
| <i>alclometasone dipropionate external ointment 0.05 %</i>                              | G         |            |
| <i>amcinonide external cream 0.1 %</i>                                                  | NF        |            |
| <i>amcinonide external ointment 0.1 %</i>                                               | NF        |            |
| <i>betamethasone dipropionate aug external cream 0.05 %</i>                             | G         |            |
| <i>betamethasone dipropionate aug external gel 0.05 %</i>                               | G         |            |
| <i>betamethasone dipropionate aug external lotion 0.05 %</i>                            | G         |            |
| <i>betamethasone dipropionate aug external ointment 0.05 %</i>                          | G         |            |
| <i>betamethasone dipropionate external cream 0.05 %</i>                                 | G         |            |

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| <i>betamethasone dipropionate external lotion 0.05 %</i>                    | G         |            |
| <i>betamethasone dipropionate external ointment 0.05 %</i>                  | NF        |            |
| <i>betamethasone valerate external cream 0.1 %</i>                          | G         |            |
| <i>betamethasone valerate external foam 0.12 %</i>                          | G         |            |
| <i>betamethasone valerate external lotion 0.1 %</i>                         | G         |            |
| <i>betamethasone valerate external ointment 0.1 %</i>                       | G         |            |
| BRYHALI EXTERNAL LOTION 0.01 % ( <i>halobetasol propionate</i> )            | PB        |            |
| <i>clobetasol prop emollient base external cream 0.05 %</i>                 | G         |            |
| <i>clobetasol propionate e external cream 0.05 %</i>                        | G         |            |
| <i>clobetasol propionate emulsion external foam 0.05 %</i>                  | NF        |            |
| <i>clobetasol propionate external foam 0.05 %</i>                           | G         |            |
| <i>clobetasol propionate external gel 0.05 %</i>                            | G         |            |
| <i>clobetasol propionate external liquid 0.05 %</i>                         | NF        |            |
| <i>clobetasol propionate external lotion 0.05 %</i>                         | G         |            |
| <i>clobetasol propionate external ointment 0.05 %</i>                       | G         |            |
| <i>clobetasol propionate external shampoo 0.05 %</i>                        | G         |            |
| <i>clobetasol propionate external solution 0.05 %</i>                       | G         |            |
| CLOBEX EXTERNAL LOTION 0.05 % ( <i>clobetasol propionate</i> )              | NPB       |            |
| CLOBEX EXTERNAL SHAMPOO 0.05 % ( <i>clobetasol propionate</i> )             | NPB       |            |
| CLOBEX SPRAY EXTERNAL LIQUID 0.05 % ( <i>clobetasol propionate</i> )        | NF        |            |
| <i>clocortolone pivalate external cream 0.1 %</i>                           | NF        |            |
| <i>clobetasol propionate</i> (Clodan External Shampoo 0.05 %)               | G         |            |
| CORDRAN EXTERNAL TAPE 4 MCG/SQCM ( <i>flurandrenolide</i> )                 | NF        |            |
| DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % ( <i>fluocinolone acetonide</i> )  | NPB       |            |
| DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % ( <i>fluocinolone acetonide</i> ) | NPB       |            |
| <i>desonide external cream 0.05 %</i>                                       | G         |            |
| <i>desonide external gel 0.05 %</i>                                         | NF        |            |
| <i>desonide external lotion 0.05 %</i>                                      | G         |            |
| <i>desonide external ointment 0.05 %</i>                                    | G         |            |
| <i>desoximetasone external cream 0.05 %, 0.25 %</i>                         | G         |            |
| <i>desoximetasone external gel 0.05 %</i>                                   | G         |            |

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|------------------------------------------------------------------------------|-----------|------------|
| <i>desoximetasone external liquid 0.25 %</i>                                 | G         |            |
| <i>desoximetasone external ointment 0.05 %</i>                               | NF        |            |
| <i>desoximetasone external ointment 0.25 %</i>                               | G         |            |
| <i>diflorasone diacetate external cream 0.05 %</i>                           | NF        |            |
| <i>diflorasone diacetate external ointment 0.05 %</i>                        | NF        |            |
| DIPROLENE EXTERNAL OINTMENT 0.05 % ( <i>betamethasone dipropionate aug</i> ) | NPB       |            |
| DUOBRII EXTERNAL LOTION 0.01-0.045 % ( <i>halobetasol prop-tazarotene</i> )  | NF        |            |
| <i>fluocinolone acetonide body external oil 0.01 %</i>                       | G         |            |
| <i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>                 | G         |            |
| <i>fluocinolone acetonide external ointment 0.025 %</i>                      | G         |            |
| <i>fluocinolone acetonide external solution 0.01 %</i>                       | G         |            |
| <i>fluocinolone acetonide scalp external oil 0.01 %</i>                      | G         |            |
| <i>fluocinonide emulsified base external cream 0.05 %</i>                    | G         |            |
| <i>fluocinonide external cream 0.05 %</i>                                    | G         |            |
| <i>fluocinonide external cream 0.1 %</i>                                     | NF        |            |
| <i>fluocinonide external gel 0.05 %</i>                                      | G         |            |
| <i>fluocinonide external ointment 0.05 %</i>                                 | G         |            |
| <i>fluocinonide external solution 0.05 %</i>                                 | G         |            |
| <i>flurandrenolide external lotion 0.05 %</i>                                | NF        |            |
| <i>fluticasone propionate external cream 0.05 %</i>                          | G         |            |
| <i>fluticasone propionate external lotion 0.05 %</i>                         | G         |            |
| <i>fluticasone propionate external ointment 0.005 %</i>                      | G         |            |
| <i>halcinonide external cream 0.1 %</i>                                      | NF        |            |
| <i>halobetasol propionate external cream 0.05 %</i>                          | G         |            |
| <i>halobetasol propionate external foam 0.05 %</i>                           | NF        |            |
| <i>halobetasol propionate external ointment 0.05 %</i>                       | G         |            |
| HALOG EXTERNAL CREAM 0.1 % ( <i>halcinonide</i> )                            | NF        |            |
| HALOG EXTERNAL SOLUTION 0.1 % ( <i>halcinonide</i> )                         | NF        |            |
| <i>hydrocortisone butyrate external cream 0.1 %</i>                          | NF        |            |
| <i>hydrocortisone butyrate external lotion 0.1 %</i>                         | NF        |            |
| <i>hydrocortisone butyrate external ointment 0.1 %</i>                       | G         |            |
| <i>hydrocortisone butyrate external solution 0.1 %</i>                       | G         |            |
| <i>hydrocortisone external cream 2.5 %</i>                                   | G         |            |
| <i>hydrocortisone external lotion 2 %</i>                                    | NF        |            |

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|------------------------------------------------------------------------|-----------|------------|
| <i>hydrocortisone external lotion 2.5 %</i>                            | G         |            |
| <i>hydrocortisone external ointment 1 %, 2.5 %</i>                     | G         |            |
| <i>hydrocortisone valerate external cream 0.2 %</i>                    | G         |            |
| <i>hydrocortisone valerate external ointment 0.2 %</i>                 | G         |            |
| IMPOYZ EXTERNAL CREAM 0.025 % ( <i>clobetasol propionate</i> )         | NF        |            |
| LEXETTE EXTERNAL FOAM 0.05 % ( <i>halobetasol propionate</i> )         | NF        |            |
| MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 % ( <i>hydrocortisone</i> )    | G         |            |
| <i>mometasone furoate external cream 0.1 %</i>                         | G         |            |
| <i>mometasone furoate external ointment 0.1 %</i>                      | G         |            |
| <i>mometasone furoate external solution 0.1 %</i>                      | G         |            |
| SERNIVO EXTERNAL EMULSION 0.05 % ( <i>betamethasone dipropionate</i> ) | NPB       |            |
| TEXACORT EXTERNAL SOLUTION 2.5 % ( <i>hydrocortisone</i> )             | G         |            |
| TOPICORT EXTERNAL OINTMENT 0.25 % ( <i>desoximetasone</i> )            | NPB       |            |
| <i>clobetasol propionate emulsion</i> (Tovet External Foam 0.05 %)     | NF        |            |
| <i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>   | NF        |            |
| <i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>    | G         |            |
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>          | G         |            |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i> | G         |            |
| <i>triamcinolone acetonide external ointment 0.05 %</i>                | NF        |            |
| <i>triamcinolone in absorbbase external ointment 0.05 %</i>            | NF        |            |
| <i>triamcinolone acetonide</i> (Triderm External Cream 0.5 %)          | G         |            |
| ULTRAVATE EXTERNAL LOTION 0.05 % ( <i>halobetasol propionate</i> )     | NF        |            |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                                  |           |            |
| <i>lidocaine hcl</i> (Glydo External Prefilled Syringe 2 %)            | G         |            |
| <i>l.e.t. (racepinephrine) external gel 4-0.05-0.5 %</i>               | NF        |            |
| <i>l.e.t. external gel 4-0.05-0.5 %</i>                                | NF        |            |
| LDO PLUS EXTERNAL GEL 4 % ( <i>lidocaine hcl</i> )                     | NF        |            |
| <i>lidocaine external patch 5 %</i>                                    | G         |            |
| <i>lidocaine hcl external solution 4 %</i>                             | G         |            |
| <i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>   | G         |            |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i>                   | G         |            |
| LIDODERM EXTERNAL PATCH 5 % ( <i>lidocaine</i> )                       | NPB       |            |

| Prescription Drug Name                                                                                  | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------|-----------|------------|
| LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % ( <i>lidocaine-camphor-menthol</i> )                                | NF        |            |
| <i>paingo kft external kit 2.5-2.5-10-30 %</i>                                                          | NF        |            |
| QUTENZA (2 PATCH) EXTERNAL KIT 8 % ( <i>capsaicin-cleansing gel</i> )                                   | NPSP      |            |
| QUTENZA (4 PATCH) EXTERNAL KIT 8 % ( <i>capsaicin-cleansing gel</i> )                                   | NPSP      |            |
| QUTENZA EXTERNAL KIT 8 % ( <i>capsaicin-cleansing gel</i> )                                             | NPSP      |            |
| VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % ( <i>lidocaine hcl-blood collection</i> )                  | NF        |            |
| <i>wpr plus wound healing system external therapy pack 4 &amp; 10-30 %</i>                              | NF        |            |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>                                              |           |            |
| ACUICYN EXTERNAL SOLUTION ( <i>eyelid cleansers</i> )                                                   | NF        |            |
| <i>acyclovir external cream 5 %</i>                                                                     | NF        |            |
| <i>acyclovir external ointment 5 %</i>                                                                  | G         |            |
| AMELUZ EXTERNAL GEL 10 % ( <i>aminolevulinic acid hcl</i> )                                             | NF        |            |
| <i>ammonium lactate external cream 12 %</i>                                                             | G         |            |
| <i>ammonium lactate external lotion 12 %</i>                                                            | G         |            |
| AVENOVA EXTERNAL SOLUTION 0.01 % ( <i>eyelid cleansers</i> )                                            | NF        |            |
| CONDYLOX EXTERNAL GEL 0.5 % ( <i>podofilox</i> )                                                        | NPB       |            |
| DENAVIR EXTERNAL CREAM 1 % ( <i>penciclovir</i> )                                                       | NPB       |            |
| HYFTOR EXTERNAL GEL 0.2 % ( <i>sirolimus</i> )                                                          | NF        |            |
| <i>iodine tincture external tincture 2 %</i>                                                            | NPB       |            |
| NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG ( <i>nemolizumab-ilto</i> )                                   | PSP       |            |
| NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) ( <i>chlorhex-mupir-dimeth-silicone</i> ) | NF        |            |
| <i>podofilox external solution 0.5 %</i>                                                                | G         |            |
| RECTIV RECTAL OINTMENT 0.4 % ( <i>nitroglycerin</i> )                                                   | NPB       |            |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM ( <i>collagenase</i> )                                             | NPB       |            |
| SOFDRA EXTERNAL GEL 12.45 % ( <i>sofpironium bromide</i> )                                              | NPB       |            |
| TARGRETIN EXTERNAL GEL 1 % ( <i>bexarotene</i> )                                                        | NF        |            |
| VALCHLOR EXTERNAL GEL 0.016 % ( <i>mechlorethamine hcl (topical)</i> )                                  | NPSP      |            |
| VEREGEN EXTERNAL OINTMENT 15 % ( <i>sinecatechins</i> )                                                 | NF        |            |

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|------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| XERAC AC EXTERNAL SOLUTION 6.25 % ( <i>aluminum chloride in alcohol</i> )                | NPB       |                                            |
| YCANTH EXTERNAL SOLUTION 0.7 % ( <i>cantharidin</i> )                                    | NPB       |                                            |
| <b>DERMATOLOGY, ROSACEA</b>                                                              |           |                                            |
| <i>azelaic acid external gel 15 %</i>                                                    | G         |                                            |
| <i>doxycycline oral capsule delayed release 40 mg</i>                                    | NF        |                                            |
| EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ( <i>minocycline hcl micronized</i> ) | NF        |                                            |
| EPSOLAY EXTERNAL CREAM 5 % ( <i>benzoyl peroxide</i> )                                   | NF        |                                            |
| FINACEA EXTERNAL FOAM 15 % ( <i>azelaic acid</i> )                                       | PB        |                                            |
| FINACEA EXTERNAL GEL 15 % ( <i>azelaic acid</i> )                                        | NF        |                                            |
| <i>ivermectin external cream 1 %</i>                                                     | G         |                                            |
| <i>metronidazole external cream 0.75 %</i>                                               | G         |                                            |
| <i>metronidazole external gel 0.75 %, 1 %</i>                                            | G         |                                            |
| <i>metronidazole external lotion 0.75 %</i>                                              | G         | N8 (Listing does not include certain NDCs) |
| MIRVASO EXTERNAL GEL 0.33 % ( <i>brimonidine tartrate</i> )                              | NF        |                                            |
| NORITATE EXTERNAL CREAM 1 % ( <i>metronidazole</i> )                                     | NF        |                                            |
| ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG ( <i>doxycycline</i> )                         | PB        |                                            |
| RHOFADE EXTERNAL CREAM 1 % ( <i>oxymetazoline hcl</i> )                                  | NF        |                                            |
| SOOLANTRA EXTERNAL CREAM 1 % ( <i>ivermectin</i> )                                       | NF        |                                            |
| ZILXI EXTERNAL FOAM 1.5 % ( <i>minocycline hcl micronized</i> )                          | NF        |                                            |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULICIDES</b>                                         |           |                                            |
| CROTAN EXTERNAL LOTION 10 % ( <i>crotamiton</i> )                                        | G         |                                            |
| <i>malathion external lotion 0.5 %</i>                                                   | G         |                                            |
| OVIDE EXTERNAL LOTION 0.5 % ( <i>malathion</i> )                                         | NPB       |                                            |
| <i>permethrin external cream 5 %</i>                                                     | G         |                                            |
| <i>spinosad external suspension 0.9 %</i>                                                | G         |                                            |
| <i>sulfurated lime external solution</i>                                                 | NPB       |                                            |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>                                                    |           |                                            |
| <i>acetic acid irrigation solution 0.25 %</i>                                            | G         |                                            |
| ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 % ( <i>sodium chloride (gu irrigant)</i> ) | G         |                                            |
| CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 % ( <i>sodium chloride (gu irrigant)</i> ) | G         |                                            |
| FILSUVEZ EXTERNAL GEL 10 % ( <i>birch triterpenes</i> )                                  | NF        |                                            |

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|--------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| KERASTAT EXTERNAL CREAM ( <i>keratin</i> )                                                 | NF        |                                            |
| KERASTAT EXTERNAL GEL 5 % ( <i>keratin</i> )                                               | NF        |                                            |
| L-MESITRAN SOFT WOUND EXTERNAL GEL ( <i>wound dressings</i> )                              | NF        |                                            |
| VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML ( <i>beremagene geperpavec-svdt</i> )            | NF        |                                            |
| ZEVASKYN (UP TO 12 SHEETS) EXTERNAL SHEET ( <i>prademagene zamikeracel</i> )               | NPSP      |                                            |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                                                          |           |                                            |
| <i>cevimeline hcl oral capsule 30 mg</i>                                                   | G         |                                            |
| <i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>                                | G         | N8 (Listing does not include certain NDCs) |
| <i>clotrimazole mouth/throat troche 10 mg</i>                                              | G         |                                            |
| EVOXAC ORAL CAPSULE 30 MG ( <i>cevimeline hcl</i> )                                        | NPB       |                                            |
| <i>lidocaine hcl mouth/throat solution 4 %</i>                                             | G         |                                            |
| <i>lidocaine viscous hcl mouth/throat solution 2 %</i>                                     | G         | N8 (Listing does not include certain NDCs) |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i>                                     | G         |                                            |
| <i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste 0.1 %)                          | G         |                                            |
| ORAVIG BUCCAL TABLET 50 MG ( <i>miconazole</i> )                                           | NPB       |                                            |
| <i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution 0.12 %)                    | G         |                                            |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>                                            | G         |                                            |
| SALAGEN ORAL TABLET 5 MG, 7.5 MG ( <i>pilocarpine hcl</i> )                                | NPB       |                                            |
| <i>triamcinolone acetonide mouth/throat paste 0.1 %</i>                                    | G         |                                            |
| <b>OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR</b>                                         |           |                                            |
| <i>acetic acid otic solution 2 %</i>                                                       | G         | N8 (Listing does not include certain NDCs) |
| CIPRO HC OTIC SUSPENSION 0.2-1 % ( <i>ciprofloxacin-hydrocortisone</i> )                   | NF        |                                            |
| <i>ciprofloxacin hcl otic solution 0.2 %</i>                                               | G         |                                            |
| <i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>                               | G         |                                            |
| <i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>                             | NF        |                                            |
| CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML ( <i>neomycin-colist-hc-thonzonium</i> ) | NPB       |                                            |
| <i>fluocinolone acetonide otic oil 0.01 %</i>                                              | G         |                                            |
| <i>hydrocortisone-acetic acid otic solution 1-2 %</i>                                      | G         |                                            |

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|------------------------------------------------------------------------|-----------|------------|
| <i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>            | G         |            |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>               | G         |            |
| <i>ofloxacin otic solution 0.3 %</i>                                   | G         |            |
| OTOVEL OTIC SOLUTION 0.3-0.025 % ( <i>ciprofloxacin-fluocinolone</i> ) | NF        |            |

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