



# **Individual & Family**

## **Metal Plans, Base, Essential Plan, Univera Access/Plus, Univera Student Access Formulary Guide (2981)**

May 2024

Includes generic and brand-name medications

[UniveraHealthcare.com](https://UniveraHealthcare.com)



Right here.  
For you.



## Dear Member,

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

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

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

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

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

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



## What is a formulary?

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

## How is the formulary developed?

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

## How do I use the formulary?

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

### Medical condition

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

### Alphabetical Listing

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

## 3-Tier Drug Benefit

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

- **Tier One** drugs are typically generics and have the lowest copayment amount.
- **Tier Two** drugs are brand drugs that have unique, significant clinical advantages and offer overall greater value over the other products in the same drug class.
- **Tier Three** drugs are all other brand drugs, including new brand drugs and drugs that have generic equivalents. Tier Three drugs have the highest copayment amount.

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

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

## Can the formulary change?

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

## Generics Are Real Medicine

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

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

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

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

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

## Where can I purchase my prescription medications?

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

## Mail Service Pharmacy

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

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

## Specialty pharmacy

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

## Are there any restrictions on coverage?

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

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

### Coverage requirements or limits may include:

#### Prior Authorization

Prior authorization helps ensure that a prescribed drug is safe and appropriate for your medical condition. Certain medications require that your doctor gets approval **before** the medication is covered. Our clinical pharmacists and physicians review medication requests to make sure that the choice of drug or dose

is appropriately prescribed based on Food and Drug Administration (FDA) and manufacturer guidelines, medical literature, safety, use and benefit design.

## Step Therapy

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

## Mandatory Specialty Drug Benefit

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

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

## Quantity Limits

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

## Generic Advantage Program

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

### Key:

**UPPERCASE** – Brand name medication

**lowercase** – generic medication

**PA** = Prior Authorization required

**QL** = Quantity Limit applies

**ST** = Step Therapy required

**MS** = Drug must be purchased at a participating network specialty pharmacy for coverage

| PRODUCT DESCRIPTION                                                                                                              | TIER | LIMITS/RESTRICTIONS/NOTES |                                  |
|----------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----------------------------------|
| ANALGESICS                                                                                                                       |      |                           |                                  |
| NONSTEROIDAL ANTI-INFLAMMATORY DRUGS                                                                                             |      |                           |                                  |
| adult aspirin regimen                                                                                                            | 1    | C                         | Covered in full age 59 and under |
| aspirin (81 mg tab chew, 81 mg tablet dr, 325 mg tablet, 325 mg tablet dr, bayer 325 mg caplet, bayer 325 mg tablet)             | 1    | QL<br>C                   | Covered in full age 59 and under |
| aspirin ec                                                                                                                       | 1    | QL<br>C                   | Covered in full age 59 and under |
| aspirin regimen                                                                                                                  | 1    | C                         | Covered in full age 59 and under |
| aspirin/calcium carbonate/magnesium                                                                                              | 1    | C                         | Covered in full age 59 and under |
| bufferin                                                                                                                         | 1    | C                         | Covered in full age 59 and under |
| butalbital/aspirin/cafeine 50-325-40 capsule                                                                                     | 1    | QL                        |                                  |
| butalbital/aspirin/cafeine 50-325-40 tablet                                                                                      | 1    |                           |                                  |
| celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)                                                        | 1    | QL                        |                                  |
| diclofenac potassium 50 mg tablet                                                                                                | 1    |                           |                                  |
| diclofenac sodium (1.5 % drops, 25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h)                            | 1    |                           |                                  |
| diclofenac sodium 1 % gel (gram)                                                                                                 | 1    | QL                        |                                  |
| diclofenac sodium/misoprostol (sodium/misoprostol 50 tab ir dr, sodium/misoprostol 75 tab ir dr)                                 | 1    | QL                        |                                  |
| DICLOFENAC SUBMICRONIZED                                                                                                         | 3    | QL                        | PA                               |
| diflunisal                                                                                                                       | 1    |                           |                                  |
| ecotrin (ec 81 mg tablet, ec 325 mg tablet)                                                                                      | 1    | QL<br>C                   | Covered in full age 59 and under |
| etodolac (200 mg capsule, 300 mg capsule, 400 mg tab er 24h, 400 mg tablet, 500 mg tab er 24h, 500 mg tablet, 600 mg tab er 24h) | 1    |                           |                                  |
| fenoprofen calcium 600 mg tablet                                                                                                 | 1    | PA                        |                                  |
| flurbiprofen                                                                                                                     | 1    |                           |                                  |
| ibu                                                                                                                              | 1    |                           |                                  |
| ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)                                                                          | 1    |                           |                                  |
| ibuprofen/famotidine                                                                                                             | 1    | QL                        | PA                               |

| PRODUCT DESCRIPTION                                                                                                           | TIER | LIMITS/RESTRICTIONS/NOTES |                                  |
|-------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----------------------------------|
| <i>indomethacin (25 mg capsule, 50 mg capsule, 75 mg capsule er)</i>                                                          | 1    |                           |                                  |
| <i>ketoprofen (50 mg capsule, 75 mg capsule, 200 mg cap24h pel)</i>                                                           | 1    |                           |                                  |
| <i>ketorolac tromethamine 10 mg tablet</i>                                                                                    | 1    | QL                        |                                  |
| KETOROLAC TROMETHAMINE 15.75 MG SPRAY                                                                                         | 3    | QL                        | PA                               |
| <i>low dose aspirin ec</i>                                                                                                    | 1    | QL<br>C                   | Covered in full age 59 and under |
| <i>lubiprostone 24mcg capsule</i>                                                                                             | 1    | QL                        |                                  |
| <i>meclofenamate sodium</i>                                                                                                   | 3    |                           |                                  |
| <i>mefenamic acid</i>                                                                                                         | 1    |                           |                                  |
| <i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>                                                                                | 1    |                           |                                  |
| <i>nabumetone (500 mg tablet, 750 mg tablet)</i>                                                                              | 1    | QL                        |                                  |
| <i>naproxen (250 mg tablet, 375 mg tablet, 375 mg tablet dr, 500 mg tablet)</i>                                               | 1    |                           |                                  |
| <i>naproxen sodium (275 mg tablet, 550 mg tablet)</i>                                                                         | 1    |                           |                                  |
| <i>naproxen/esomeprazole magnesium</i>                                                                                        | 1    | QL                        | PA                               |
| <i>oxaprozin</i>                                                                                                              | 1    | QL                        |                                  |
| <i>piroxicam</i>                                                                                                              | 1    |                           |                                  |
| <i>salsalate</i>                                                                                                              | 1    |                           |                                  |
| SPRIX                                                                                                                         | 3    | QL                        | PA                               |
| <i>sulindac</i>                                                                                                               | 1    |                           |                                  |
| <i>tolmetin sodium</i>                                                                                                        | 1    |                           |                                  |
| <i>tri-buffered aspirin</i>                                                                                                   | 1    | C                         | Covered in full age 59 and under |
| OPIOID ANALGESICS, LONG-ACTING                                                                                                |      |                           |                                  |
| ARYMO ER                                                                                                                      | 3    | PA                        |                                  |
| BELBUCA                                                                                                                       | 3    | PA                        |                                  |
| <i>buprenorphine</i>                                                                                                          | 1    | PA                        |                                  |
| <i>fentanyl (12 mcg/hr patch td72, 25 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)</i> | 1    | PA                        |                                  |
| <i>fentanyl (37.5mcg/hr patch td72, 62.5mcg/hr patch td72, 87.5mcg/hr patch td72)</i>                                         | 1    | PA                        |                                  |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                              | TIER | LIMITS/RESTRICTIONS/NOTES |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| hydrocodone bitartrate (10 mg cap er 12h, 15 mg cap er 12h, 20 mg cap er 12h, 20 mg tab er 24h, 30 mg cap er 12h, 30 mg tab er 24h, 40 mg cap er 12h, 40 mg tab er 24h, 50 mg cap er 12h, 60 mg tab er 24h, 80 mg tab er 24h, 100 mg tab er 24h, 120 mg tab er 24h)                                                                                              | 1    | PA                        |
| hydromorphone hcl (8 mg tab er 24h, 12 mg tab er 24h, 16 mg tab er 24h, 32 mg tab er 24h)                                                                                                                                                                                                                                                                        | 1    | PA                        |
| HYSINGLA ER                                                                                                                                                                                                                                                                                                                                                      | 3    | PA                        |
| levorphanol tartrate 2 mg tablet                                                                                                                                                                                                                                                                                                                                 | 1    | PA                        |
| levorphanol tartrate 3 mg tablet (mfr: lannett co. inc)                                                                                                                                                                                                                                                                                                          | 1    | PA                        |
| LEVORPHANOL TARTRATE 3 MG TABLET (MFR: SENTYNL THERAPEUTICS)                                                                                                                                                                                                                                                                                                     | 3    | PA                        |
| methadone hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc, 40 mg tablet sol)                                                                                                                                                                                                                                         | 1    | PA                        |
| methadone intensol                                                                                                                                                                                                                                                                                                                                               | 1    | PA                        |
| methadose 40 mg tablet dispr                                                                                                                                                                                                                                                                                                                                     | 1    | PA                        |
| morphine sulfate (10 mg cap er pel, 15 mg tablet er, 20 mg cap er pel, 30 mg cap er pel, 30 mg cpmp 24hr, 30 mg tablet er, 40 mg cap er pel, 45 mg cpmp 24hr, 50 mg cap er pel, 60 mg cap er pel, 60 mg cpmp 24hr, 60 mg tablet er, 75 mg cpmp 24hr, 80 mg cap er pel, 90 mg cpmp 24hr, 100 mg cap er pel, 100 mg tablet er, 120 mg cpmp 24hr, 200 mg tablet er) | 1    | PA                        |
| NUCYNTA ER (ER 50 MG TABLET, ER 100 MG TABLET, ER 150 MG TABLET, ER 200 MG TABLET, ER 250 MG TABLET)                                                                                                                                                                                                                                                             | 2    | PA                        |
| OXYCODONE HCL (10 MG TAB ER 12H, 15 MG TAB ER 12H, 20 MG TAB ER 12H, 30 MG TAB ER 12H, 40 MG TAB ER 12H, 60 MG TAB ER 12H, 80 MG TAB ER 12H)                                                                                                                                                                                                                     | 3    | PA                        |
| oxymorphone hcl (5 mg tab er 12h, 7.5 mg tab er 12h, 10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h, 40 mg tab er 12h)                                                                                                                                                                                                                   | 1    | PA                        |
| tramadol er caps                                                                                                                                                                                                                                                                                                                                                 | 3    | PA                        |
| tramadol hcl (100 mg tab er 24h, 100 mg tbmp 24hr, 200 mg tab er 24h, 200 mg tbmp 24hr, 300 mg tab er 24h, 300 mg tbmp 24hr)                                                                                                                                                                                                                                     | 1    | PA                        |
| XTAMPZA ER                                                                                                                                                                                                                                                                                                                                                       | 2    | PA                        |
| OPIOID ANALGESICS, SHORT-ACTING                                                                                                                                                                                                                                                                                                                                  |      |                           |
| ABSTRAL                                                                                                                                                                                                                                                                                                                                                          | 3    | PA                        |
| acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg-15mg tablet, 300mg-30mg tablet, 300mg-60mg tablet, 300mg/12.5 solution)                                                                                                                                                                                                                         | 1    |                           |
| acetaminophen/caff/dihydrocod 320.5-30mg capsule                                                                                                                                                                                                                                                                                                                 | 1    |                           |
| ACTIQ                                                                                                                                                                                                                                                                                                                                                            | 3    | QL PA                     |
| ascomp with codeine                                                                                                                                                                                                                                                                                                                                              | 1    |                           |
| butalbital/acetaminophen/caffeine/codeine phosphate                                                                                                                                                                                                                                                                                                              | 1    | QL                        |
| butorphanol tartrate 10 mg/ml spray                                                                                                                                                                                                                                                                                                                              | 1    | QL                        |
| codeine phosphate/butalbital/aspirin/caffeine                                                                                                                                                                                                                                                                                                                    | 1    |                           |
| codeine sulfate                                                                                                                                                                                                                                                                                                                                                  | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| endocet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1    |                           |    |
| FENTANYL CITRATE (100 MCG TABLET EFF, 200 MCG TABLET EFF, 400 MCG TABLET EFF, 600 MCG TABLET EFF, 800 MCG TABLET EFF)                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    | QL                        | PA |
| fentanyl citrate (200 mcg lozenge hd, 400 mcg lozenge hd, 600 mcg lozenge hd, 800 mcg lozenge hd, 1200 mcg lozenge hd, 1600 mcg lozenge hd)                                                                                                                                                                                                                                                                                                                                                                                                                | 1    | QL                        | PA |
| FENTORA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3    | QL                        | PA |
| hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 2.5-325 mg tablet, hydrocodone/acetaminophen 5 mg-300mg tablet, hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 5-217mg/10 solution, hydrocodone/acetaminophen 7.5-300 mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 7.5-325/15 solution, hydrocodone/acetaminophen 10-325/15 solution, hydrocodone/acetaminophen 10mg-300mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet) | 1    |                           |    |
| hydrocodone/ibuprofen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1    |                           |    |
| hydromorphone hcl (1 mg/ml liquid, 2 mg tablet, 3 mg supp.rect, 4 mg tablet, 8 mg tablet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1    |                           |    |
| LAZANDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3    | QL                        | PA |
| meperidine hcl (50 mg tablet, 50 mg/5 ml solution, 100 mg tablet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1    |                           |    |
| morphine sulfate (15 mg tablet, 30 mg tablet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2    |                           |    |
| morphine sulfate (5 mg supp.rect, 10 mg supp.rect, 10 mg/5 ml solution, 20 mg supp.rect, 20 mg/5 ml solution, 30 mg supp.rect, 100 mg/5ml solution)                                                                                                                                                                                                                                                                                                                                                                                                        | 1    |                           |    |
| NUCYNTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2    |                           |    |
| oxycodone hcl (5 mg capsule, 5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 15 mg tablet, 20 mg tablet, 20 mg/ml oral conc, 30 mg tablet)                                                                                                                                                                                                                                                                                                                                                                                                                  | 1    |                           |    |
| oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5-325 mg tablet, hcl/acetaminophen 5 mg-325mg tablet, hcl/acetaminophen 5-325/5 ml solution, hcl/acetaminophen 7.5-325 mg tablet, hcl/acetaminophen 10mg-325mg tablet)                                                                                                                                                                                                                                                                                                                                    | 1    |                           |    |
| oxymorphone hcl (5 mg tablet, 10 mg tablet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1    |                           |    |
| pentazocine hcl/naloxone hcl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1    |                           |    |
| SUBSYS (100 MCG SPRAY, 200 MCG SPRAY, 400 MCG SPRAY, 600 MCG SPRAY, 800 MCG SPRAY, 1,200 MCG SPRAY, 1,600 MCG SPRAY)                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | QL                        | PA |
| tramadol hcl 50 mg tablet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1    |                           |    |
| tramadol hcl/acetaminophen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1    |                           |    |
| verdrocet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1    |                           |    |
| ANESTHETICS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |    |
| LOCAL ANESTHETICS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                           |    |
| glydo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1    |                           |    |
| lido-k                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1    |                           |    |
| lidocaine (5 % adh. patch, 5 % oint. (g))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1    |                           |    |
| lidocaine hcl (2 % jel/pf app, 2 % jelly(ml), 2 % solution, 3 % lotion, 4 % solution, 40 mg/ml solution)                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1    |                           |    |
| lidocaine/prilocaine (lidocaine/prilocaine 2.5 cream (g), lidocaine/prilocaine 2.5 kit)                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1    |                           |    |

| PRODUCT DESCRIPTION                                                                                                                                                                                           | TIER | LIMITS/RESTRICTIONS/NOTES       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------|
| LIPROZONEPAK                                                                                                                                                                                                  | 3    | PA                              |
| MEDOLOR PAK                                                                                                                                                                                                   | 3    | PA                              |
| ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS                                                                                                                                                               |      |                                 |
| ALCOHOL DETERRENTS/ANTI-CRAVING                                                                                                                                                                               |      |                                 |
| <i>acamprosate calcium</i>                                                                                                                                                                                    | 1    | QL                              |
| <i>disulfiram</i>                                                                                                                                                                                             | 1    |                                 |
| <i>naltrexone hcl</i>                                                                                                                                                                                         | 1    |                                 |
| OPVEE                                                                                                                                                                                                         | 2    |                                 |
| VIVITROL                                                                                                                                                                                                      | 3    |                                 |
| OPIOID ANALGESICS, LONG-ACTING                                                                                                                                                                                |      |                                 |
| BRIXADI                                                                                                                                                                                                       | 3    |                                 |
| SUBLOCADE                                                                                                                                                                                                     | 3    |                                 |
| OPIOID DEPENDENCE                                                                                                                                                                                             |      |                                 |
| <i>buprenorphine hcl (2 mg tab subli, 8 mg tab subli)</i>                                                                                                                                                     | 1    |                                 |
| <i>buprenorphine hcl/naloxone hcl (/naloxone 2 mg-0.5mg film, /naloxone 2 mg-0.5mg tab subli, /naloxone 4mg-1mg film, /naloxone 8 mg-2 mg film, /naloxone 8 mg-2 mg tab subli, /naloxone 12 mg-3 mg film)</i> | 1    |                                 |
| ZUBSOLV                                                                                                                                                                                                       | 2    |                                 |
| OPIOID REVERSAL AGENTS                                                                                                                                                                                        |      |                                 |
| KLOXXADO                                                                                                                                                                                                      | 2    |                                 |
| <i>naloxone hcl (0.4 mg/ml cartridge, 0.4 mg/ml vial, 1 mg/ml syringe, 4 mg spray)</i>                                                                                                                        | 1    |                                 |
| ZIMHI                                                                                                                                                                                                         | 2    |                                 |
| SMOKING CESSATION AGENTS                                                                                                                                                                                      |      |                                 |
| <i>bupropion hcl sr 150 mg tablet</i>                                                                                                                                                                         | 1    | C Covered in full age 18+       |
| NICODERM CQ                                                                                                                                                                                                   | 3    | QL<br>C Covered in full age 18+ |
| NICORETTE                                                                                                                                                                                                     | 3    | QL<br>C Covered in full age 18+ |
| <i>nicotine (7mg/24hr patch td24, 14mg/24hr patch td24, 21 mg/24hr patch td24, 21-14-7mg patch dysq)</i>                                                                                                      | 1    | QL<br>C Covered in full age 18+ |
| <i>nicotine polacrilex (2 mg gum, 2 mg lozenge, 2 mg lozng mini, 4 mg gum, 4 mg lozenge)</i>                                                                                                                  | 1    | QL<br>C Covered in full age 18+ |
| NICOTINE POLACRILEX 4 MG LOZNG MINI                                                                                                                                                                           | 3    | QL<br>C Covered in full age 18+ |

| PRODUCT DESCRIPTION                                                                                | TIER | LIMITS/RESTRICTIONS/NOTES |                         |
|----------------------------------------------------------------------------------------------------|------|---------------------------|-------------------------|
| NICOTROL                                                                                           | 3    | QL<br>C                   | Covered in full age 18+ |
| NICOTROL NS                                                                                        | 3    | QL<br>C                   | Covered in full age 18+ |
| quit 2                                                                                             | 1    | QL<br>C                   | Covered in full age 18+ |
| quit 4                                                                                             | 1    | QL<br>C                   | Covered in full age 18+ |
| stop smoking aid                                                                                   | 1    | QL<br>C                   | Covered in full age 18+ |
| varenicline tartrate 0.5 (11)-1 tab ds pk                                                          | 1    | QL<br>C                   | Covered in full         |
| ANTIBACTERIALS                                                                                     |      |                           |                         |
| AMINOGLYCOSIDES                                                                                    |      |                           |                         |
| ARIKAYCE                                                                                           | 3    | QL<br>PA                  |                         |
| gentamicin sulfate (0.1 % cream (g), 0.1 % oint. (g), 0.3 % drops, 0.3 % oint. (g), 40 mg/ml vial) | 1    |                           |                         |
| neomycin sulfate                                                                                   | 1    |                           |                         |
| paromomycin sulfate                                                                                | 1    |                           |                         |
| tobramycin sulfate 1.2 g vial                                                                      | 1    |                           |                         |
| ANTIBACTERIALS, OTHER                                                                              |      |                           |                         |
| bacitracin 500 unit/g oint. (g)                                                                    | 1    |                           |                         |
| clindacin etz 1% pledget                                                                           | 1    |                           |                         |
| clindacin p                                                                                        | 1    |                           |                         |
| clindamycin hcl                                                                                    | 1    |                           |                         |
| clindamycin palmitate hcl                                                                          | 1    |                           |                         |
| clindamycin phosphate (1 % gel (gram), 1 % med. swab, 2 % cream/appl)                              | 1    |                           |                         |
| FIRVANQ                                                                                            | 3    |                           |                         |
| fosfomycin tromethamine                                                                            | 1    |                           |                         |
| hyophen                                                                                            | 1    |                           |                         |
| linezolid 100 mg/5ml susp recon                                                                    | 1    |                           |                         |
| linezolid 600 mg tablet                                                                            | 1    | QL                        |                         |

| PRODUCT DESCRIPTION                                                                                                                                                        | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| <i>methenamine hippurate</i>                                                                                                                                               | 1    |                           |    |
| <i>methenamine mandelate</i>                                                                                                                                               | 1    |                           |    |
| <i>methenamine/sod phosph,monobasic/methylene blue/hyoscyamine</i>                                                                                                         | 1    |                           |    |
| <i>metronidazole (0.75 % cream (g), 0.75 % gel (gram), 0.75 % gel w/appl, 0.75 % lotion, 1 % gel (gram), 1 % gel w/pump, 250 mg tablet, 375 mg capsule, 500 mg tablet)</i> | 1    |                           |    |
| <i>mupirocin</i>                                                                                                                                                           | 1    |                           |    |
| <i>nitrofurantoin 25 mg/5 ml oral susp</i>                                                                                                                                 | 1    |                           |    |
| <i>nitrofurantoin macrocrystal</i>                                                                                                                                         | 1    |                           |    |
| <i>nitrofurantoin monohydrate/macrocrystals</i>                                                                                                                            | 1    |                           |    |
| <i>phosphasal</i>                                                                                                                                                          | 1    |                           |    |
| SIVEXTRO 200 MG TABLET                                                                                                                                                     | 3    | QL                        | PA |
| <i>tinidazole</i>                                                                                                                                                          | 1    |                           |    |
| <i>trimethoprim</i>                                                                                                                                                        | 1    |                           |    |
| <i>uretron d-s</i>                                                                                                                                                         | 1    |                           |    |
| <i>urimar-t tablet</i>                                                                                                                                                     | 1    |                           |    |
| <i>uro-458</i>                                                                                                                                                             | 1    |                           |    |
| <i>uro-mp</i>                                                                                                                                                              | 1    |                           |    |
| <i>urogesic-blue</i>                                                                                                                                                       | 1    |                           |    |
| <i>uryl</i>                                                                                                                                                                | 1    |                           |    |
| <i>ustell</i>                                                                                                                                                              | 1    |                           |    |
| <i>utira-c</i>                                                                                                                                                             | 1    |                           |    |
| <i>vancomycin hcl (25 mg/ml soln recon, 50 mg/ml soln recon, 125 mg capsule, 250 mg capsule)</i>                                                                           | 1    |                           |    |
| <i>vandazole</i>                                                                                                                                                           | 1    |                           |    |
| XENLETA 600 MG TABLET                                                                                                                                                      | 3    | QL                        | PA |
| BETA-LACTAM, CEPHALOSPORINS                                                                                                                                                |      |                           |    |
| <i>cefaclor (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 375 mg/5ml susp recon, 500 mg capsule, 500 mg tab er 12h)</i>                                   | 1    |                           |    |
| <i>cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon)</i>                                                                               | 1    |                           |    |
| <i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i>                                                                                             | 1    |                           |    |
| <i>cefixime (100 mg/5ml susp recon, 200 mg/5ml susp recon, 400 mg capsule)</i>                                                                                             | 1    |                           |    |
| <i>cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)</i>                                                                   | 1    |                           |    |
| <i>cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)</i>                                                                              | 1    |                           |    |
| <i>cefuroxime axetil</i>                                                                                                                                                   | 1    |                           |    |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| cephalexin (125 mg/5ml susp recon, 250 mg capsule, 250 mg tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg tablet, 750 mg capsule)                                                                                                                                                                                                                                                                                                                                           | 1    |                           |
| BETA-LACTAM, PENICILLINS                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                           |
| amoxicillin (125 mg tab chew, 125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 250 mg tab chew, 250 mg/5ml susp recon, 400 mg/5ml susp recon, 500 mg capsule, 500 mg tablet, 875 mg tablet)                                                                                                                                                                                                                                                                          | 1    |                           |
| amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5/5 susp recon, amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg tab chew, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 600-42.9/5 susp recon, amoxicillin/potassium 875-125 mg tablet, amoxicillin/potassium 1000-62.5 tab er 12h) | 1    |                           |
| ampicillin trihydrate                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1    |                           |
| dicloxacillin sodium                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1    |                           |
| penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)                                                                                                                                                                                                                                                                                                                                                                               | 1    |                           |
| MACROLIDES                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                           |
| azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 600 mg tablet)                                                                                                                                                                                                                                                                                                                                                              | 1    |                           |
| clarithromycin (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tab er 24h, 500 mg tablet)                                                                                                                                                                                                                                                                                                                                                                    | 1    |                           |
| DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    |                           |
| ery-tab                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1    |                           |
| erythrocin stearate                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1    |                           |
| erythromycin base (250 mg capsule dr, 250 mg tablet, 250 mg tablet dr, 333 mg tablet dr, 500 mg tablet, 500 mg tablet dr)                                                                                                                                                                                                                                                                                                                                                         | 1    |                           |
| QUINOLONES                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                           |
| BAXDELA 450 MG TABLET                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    | QL                        |
| ciprofloxacin                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1    |                           |
| ciprofloxacin hcl (0.3 % drops, 100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)                                                                                                                                                                                                                                                                                                                                                                                       | 1    |                           |
| ciprofloxacin/ciprofloxacin hcl                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1    |                           |
| FACTIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    |                           |
| levofloxacin (250 mg tablet, 250mg/10ml solution, 500 mg tablet, 500mg/20ml solution, 750 mg tablet)                                                                                                                                                                                                                                                                                                                                                                              | 1    |                           |
| moxifloxacin hcl 400 mg tablet                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1    |                           |
| ofloxacin (0.3 % drops, 300 mg tablet, 400 mg tablet)                                                                                                                                                                                                                                                                                                                                                                                                                             | 1    |                           |
| SULFONAMIDES                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                           |
| sulfacetamide sodium 10 % suspension                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1    |                           |
| sulfadiazine                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                             | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|
| <i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160 mg tablet, sulfamethoxazole/trimethoprim 800-160/20 oral susp)</i> | 1    |                           |    |    |
| <i>sulfatrim</i>                                                                                                                                                                                                                                | 1    |                           |    |    |
| <i>thermazene</i>                                                                                                                                                                                                                               | 1    |                           |    |    |
| TETRACYCLINES                                                                                                                                                                                                                                   |      |                           |    |    |
| <i>avidoxy</i>                                                                                                                                                                                                                                  | 1    |                           |    |    |
| <i>demeclocycline hcl</i>                                                                                                                                                                                                                       | 1    |                           |    |    |
| <i>doxycycline hyclate (20 mg tablet, 50 mg capsule, 100 mg capsule, 100 mg tablet, 100 mg tablet dr)</i>                                                                                                                                       | 1    |                           |    |    |
| <i>doxycycline monohydrate (25 mg/5 ml susp recon, 50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet, 150 mg tablet)</i>                                                                                  | 1    |                           |    |    |
| <i>minocycline hcl (50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)</i>                                                                                                                                | 1    |                           |    |    |
| <i>monodoxyne nl</i>                                                                                                                                                                                                                            | 1    |                           |    |    |
| <i>morgidox (50 mg capsule, 100 mg capsule)</i>                                                                                                                                                                                                 | 1    |                           |    |    |
| NUZYRA (150 MG TABLET-7, 150 MG-7 WITH LOAD)                                                                                                                                                                                                    | 3    | PA                        |    |    |
| NUZYRA 150 MG TABLET                                                                                                                                                                                                                            | 3    | QL                        | PA |    |
| <i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>                                                                                                                                                                                        | 1    |                           |    |    |
| ANTICONVULSANTS                                                                                                                                                                                                                                 |      |                           |    |    |
| ANTICONVULSANTS, OTHER                                                                                                                                                                                                                          |      |                           |    |    |
| DIACOMIT                                                                                                                                                                                                                                        | 3    | QL                        | PA |    |
| <i>divalproex sodium (125 mg cap dr spr, 125 mg tablet dr, 250 mg tab er 24h, 250 mg tablet dr, 500 mg tab er 24h, 500 mg tablet dr)</i>                                                                                                        | 1    |                           |    |    |
| EPIDIOLEX                                                                                                                                                                                                                                       | 3    | QL                        | PA | MS |
| EPRONTIA                                                                                                                                                                                                                                        | 3    | QL                        |    |    |
| <i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)</i>                                                                                                                                                                           | 1    |                           |    |    |
| FINTEPLA                                                                                                                                                                                                                                        | 3    | QL                        | PA |    |
| <i>lamotrigine (25 mg tab rapdis, 25(42)-100 tab ds pk, 25(84)-100 tab ds pk, 50 mg tab rapdis, 100 mg tab rapdis, 200 mg tab rapdis)</i>                                                                                                       | 1    | QL                        |    |    |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| lamotrigine (5 mg tb chw dsp, 25 mg tab er 24, 25 mg tablet, 25 mg tb chw dsp, 25(21)-50 tb rd dspk, 25-50-100 tb rd dspk, 50 mg tab er 24, 50(42)-100 tb rd dspk, 100 mg tab er 24, 100 mg tablet, 150 mg tablet, 200 mg tab er 24, 200 mg tablet, 250 mg tab er 24, 300 mg tab er 24) | 1    |                           |
| lamotrigine 25mg (35) tab ds pk                                                                                                                                                                                                                                                         | 1    |                           |
| levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/5ml solution, 750 mg tablet, 1000 mg tablet)                                                                                                                                                                    | 1    |                           |
| levetiracetam (500 mg tab er 24h, 750 mg tab er 24h)                                                                                                                                                                                                                                    | 1    | QL                        |
| roweepra                                                                                                                                                                                                                                                                                | 1    |                           |
| roweepra xr 500 mg tablet                                                                                                                                                                                                                                                               | 1    |                           |
| roweepra xr 750 mg tablet                                                                                                                                                                                                                                                               | 1    | QL                        |
| SPRITAM (250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)                                                                                                                                                                                                                  | 3    | QL                        |
| topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)                                                                                                                                                                               | 1    |                           |
| topiramate (25 mg cap er 24h, 25 mg cap spr 24, 50 mg cap er 24h, 50 mg cap spr 24, 100 mg cap er 24h, 100 mg cap spr 24, 150 mg cap spr 24, 200 mg cap er 24h, 200 mg cap spr 24)                                                                                                      | 1    | QL                        |
| TROKENDI XR                                                                                                                                                                                                                                                                             | 2    | QL                        |
| valproic acid                                                                                                                                                                                                                                                                           | 1    |                           |
| valproic acid (as sodium salt) (valproate sodium) (250 mg/5ml solution, 500mg/10ml solution)                                                                                                                                                                                            | 1    |                           |
| ZTALMY                                                                                                                                                                                                                                                                                  | 3    | QL PA                     |
| CALCIUM CHANNEL MODIFYING AGENTS                                                                                                                                                                                                                                                        |      |                           |
| CELONTIN                                                                                                                                                                                                                                                                                | 3    |                           |
| ethosuximide (250 mg capsule, 250 mg/5ml solution)                                                                                                                                                                                                                                      | 1    |                           |
| methsuximide                                                                                                                                                                                                                                                                            | 1    |                           |
| GAMMA-AMINOBTYRIC ACID (GABA) AUGMENTING AGENTS                                                                                                                                                                                                                                         |      |                           |
| clobazam (10 mg tablet, 20 mg tablet)                                                                                                                                                                                                                                                   | 1    | QL                        |
| clobazam 2.5 mg/ml oral susp                                                                                                                                                                                                                                                            | 1    |                           |
| diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)                                                                                                                                                                                                                                   | 1    |                           |
| gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg capsule, 300 mg/6ml solution, 400 mg capsule, 600 mg tablet, 800 mg tablet)                                                                                                                                                     | 1    |                           |
| GRALISE 30-DAY STARTER PACK                                                                                                                                                                                                                                                             | 3    | PA                        |
| GRALISE ER 300 MG TABLET                                                                                                                                                                                                                                                                | 3    | QL PA                     |
| phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)                                                                                                                               | 1    |                           |
| primidone (50 mg tablet, 250 mg tablet)                                                                                                                                                                                                                                                 | 1    |                           |
| PRIMIDONE 125 MG TABLET                                                                                                                                                                                                                                                                 | 3    |                           |
| tiagabine hcl                                                                                                                                                                                                                                                                           | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                        | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| VALTOCO                                                                                                                                                                                    | 3    | QL                        |
| <i>vigabatrin</i>                                                                                                                                                                          | 1    | QL PA MS                  |
| <i>vigadrone 500 mg powder packet</i>                                                                                                                                                      | 1    | PA                        |
| <i>vigadrone 500 mg tablet</i>                                                                                                                                                             | 1    | QL PA                     |
| SODIUM CHANNEL AGENTS                                                                                                                                                                      |      |                           |
| APTOM (200 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)                                                                                                                         | 3    | QL                        |
| <i>carbamazepine (100 mg cpmp 12hr, 100 mg tab chew, 100 mg tab er 12h, 100 mg/5ml oral susp, 200 mg cpmp 12hr, 200 mg tab er 12h, 200 mg tablet, 300 mg cpmp 12hr, 400 mg tab er 12h)</i> | 1    |                           |
| <i>epitol</i>                                                                                                                                                                              | 1    |                           |
| <i>lacosamide (10 mg/ml solution, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>                                                                                           | 1    | QL                        |
| MOTPOLY XR (100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)                                                                                                                                | 3    | QL PA                     |
| <i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i>                                                                                                   | 1    |                           |
| PEGANONE                                                                                                                                                                                   | 3    |                           |
| <i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>                                                                                                              | 1    |                           |
| <i>phenytoin sodium extended</i>                                                                                                                                                           | 1    |                           |
| <i>rufinamide (40 mg/ml oral susp, 200 mg tablet, 400 mg tablet)</i>                                                                                                                       | 1    |                           |
| VIMPAT 10 MG/ML SOLUTION                                                                                                                                                                   | 2    | QL                        |
| <i>zonisamide</i>                                                                                                                                                                          | 1    |                           |
| ANTICONVULSANTS, OTHER                                                                                                                                                                     |      |                           |
| ANTICONVULSANTS                                                                                                                                                                            |      |                           |
| NAYZILAM                                                                                                                                                                                   | 3    | QL                        |
| ANTIDEMENTIA AGENTS                                                                                                                                                                        |      |                           |
| ANTIDEMENTIA AGENTS, OTHER                                                                                                                                                                 |      |                           |
| <i>ergoloid mesylates</i>                                                                                                                                                                  | 1    |                           |
| CHOLINESTERASE INHIBITORS                                                                                                                                                                  |      |                           |
| ADLARITY                                                                                                                                                                                   | 3    | QL ST                     |
| <i>donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 23 mg tablet)</i>                                                                                          | 1    |                           |
| <i>galantamine hbr (4 mg tablet, 4 mg/ml solution, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)</i>                                                     | 1    |                           |
| <i>rivastigmine</i>                                                                                                                                                                        | 1    |                           |
| <i>rivastigmine tartrate</i>                                                                                                                                                               | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                         | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |
|-----------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|
| N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST                                                                             |      |                           |    |    |
| memantine hcl (2 mg/ml solution, 5 mg tablet, 5 mg-10 mg tab ds pk, 10 mg tablet)                                           | 1    |                           |    |    |
| memantine hcl (7 mg cap spr 24, 14 mg cap spr 24, 21 mg cap spr 24, 28 mg cap spr 24)                                       | 1    | QL                        |    |    |
| NAMENDA 2 MG/ML SOLUTION                                                                                                    | 3    |                           |    |    |
| ANTIDEPRESSANTS                                                                                                             |      |                           |    |    |
| ANTIDEPRESSANTS, OTHER                                                                                                      |      |                           |    |    |
| amitriptyline hcl/chlordiazepoxide                                                                                          | 1    |                           |    |    |
| APLENZIN                                                                                                                    | 3    | QL                        | PA | ST |
| AUVELITY                                                                                                                    | 3    | QL                        | PA |    |
| bupropion hcl (100 mg tab sr 12h, 150 mg tab er 24h, 150 mg tab sr 12h, 200 mg tab sr 12h, 300 mg tab er 24h)               | 1    | QL                        |    |    |
| bupropion hcl (75 mg tablet, 100 mg tablet)                                                                                 | 1    |                           |    |    |
| BUPROPION HCL 450 MG TAB ER 24H                                                                                             | 3    | QL                        |    |    |
| LYBALVI (5-10 MG TABLET, 10-10 MG TABLET, 15-10 MG TABLET, 20-10 MG TABLET)                                                 | 3    | QL                        | PA |    |
| mirtazapine                                                                                                                 | 1    |                           |    |    |
| perphenazine/amitriptyline hcl                                                                                              | 1    |                           |    |    |
| ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE)                                                                      | 3    | QL                        | PA | MS |
| MONOAMINE OXIDASE INHIBITORS                                                                                                |      |                           |    |    |
| MARPLAN                                                                                                                     | 3    |                           |    |    |
| phenelzine sulfate                                                                                                          | 1    |                           |    |    |
| tranylcypromine sulfate                                                                                                     | 1    |                           |    |    |
| SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)                        |      |                           |    |    |
| citalopram hydrobromide (10 mg tablet, 20 mg tablet, 40 mg tablet)                                                          | 1    | QL                        |    |    |
| citalopram hydrobromide (10 mg/5 ml solution, 20 mg/10ml solution)                                                          | 1    |                           |    |    |
| desvenlafaxine er                                                                                                           | 3    | QL                        | PA |    |
| desvenlafaxine succinate                                                                                                    | 1    | QL                        |    |    |
| escitalopram oxalate (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet)                                          | 1    |                           |    |    |
| FETZIMA                                                                                                                     | 3    | QL                        |    |    |
| fluoxetine hcl (10 mg capsule, 10 mg tablet, 20 mg capsule, 20 mg tablet, 20 mg/5 ml solution, 40 mg capsule, 60 mg tablet) | 1    |                           |    |    |
| fluoxetine hcl 90 mg capsule dr                                                                                             | 1    | QL                        |    |    |
| fluvoxamine maleate (100 mg cap er 24h, 150 mg cap er 24h)                                                                  | 1    | QL                        |    |    |

| PRODUCT DESCRIPTION                                                                                                                 | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|-------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| <i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                                                              | 1    |                           |    |
| <i>nefazodone hcl (150 mg tablet, 200 mg tablet, 250 mg tablet)</i>                                                                 | 1    |                           |    |
| <i>nefazodone hcl (50 mg tablet, 100 mg tablet)</i>                                                                                 | 1    | QL                        |    |
| <i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>                                                      | 1    |                           |    |
| <i>paroxetine hcl (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)</i>                                                    | 1    | QL                        |    |
| <i>paroxetine mesylate</i>                                                                                                          | 1    | QL                        |    |
| PEXEVA (10 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET)                                                                     | 3    | QL                        | PA |
| <i>sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                                               | 1    |                           |    |
| <i>trazodone hcl</i>                                                                                                                | 1    |                           |    |
| TRINTELLIX                                                                                                                          | 3    | QL                        |    |
| <i>venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>                                    | 1    |                           |    |
| <i>venlafaxine hcl (37.5 mg cap er 24h, 75 mg cap er 24h, 150 mg cap er 24h)</i>                                                    | 1    | QL                        |    |
| VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)                                                                                  | 3    | QL                        |    |
| VIIBRYD 10-20 MG STARTER PACK                                                                                                       | 3    |                           |    |
| <i>vilazodone hcl</i>                                                                                                               | 1    | QL                        |    |
| TRICYCLICS                                                                                                                          |      |                           |    |
| <i>amitriptyline hcl</i>                                                                                                            | 1    |                           |    |
| <i>amoxapine</i>                                                                                                                    | 1    |                           |    |
| <i>clomipramine hcl</i>                                                                                                             | 1    | PA                        |    |
| <i>desipramine hcl</i>                                                                                                              | 1    |                           |    |
| <i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i> | 1    |                           |    |
| <i>imipramine hcl</i>                                                                                                               | 1    |                           |    |
| <i>nortriptyline hcl (10 mg capsule, 10 mg/5 ml solution, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>                          | 1    |                           |    |
| <i>protriptyline hcl</i>                                                                                                            | 1    |                           |    |
| <i>trimipramine maleate</i>                                                                                                         | 1    |                           |    |
| ANTIEMETICS                                                                                                                         |      |                           |    |
| ANTIEMETICS, OTHER                                                                                                                  |      |                           |    |
| <i>compazine 25 mg suppository</i>                                                                                                  | 1    |                           |    |
| <i>compro</i>                                                                                                                       | 1    |                           |    |
| <i>doxylamine succinate/pyridoxine hcl (vitamin b6)</i>                                                                             | 1    | QL                        | PA |

| PRODUCT DESCRIPTION                                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|--------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| GIMOTI                                                                                                                   | 3    | QL                        | PA |
| <i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution)</i>                           | 1    |                           |    |
| <i>perphenazine</i>                                                                                                      | 1    |                           |    |
| <i>phenadoz</i>                                                                                                          | 1    |                           |    |
| <i>phenergan (12.5 mg, 25 mg, 50 mg)</i>                                                                                 | 1    |                           |    |
| <i>prochlorperazine</i>                                                                                                  | 1    |                           |    |
| <i>prochlorperazine maleate</i>                                                                                          | 1    |                           |    |
| <i>promethazine hcl (12.5 mg supp.rect, 25 mg supp.rect, 50 mg supp.rect, 50 mg tablet)</i>                              | 1    |                           |    |
| <i>promethegan</i>                                                                                                       | 1    |                           |    |
| <i>scopolamine</i>                                                                                                       | 1    |                           |    |
| <i>trimethobenzamide hcl</i>                                                                                             | 1    |                           |    |
| EMETOGENIC THERAPY ADJUNCTS                                                                                              |      |                           |    |
| AKYNZEO 300-0.5 MG CAPSULE                                                                                               | 3    | QL                        |    |
| <i>aprepitant (40 mg capsule, 80 mg capsule, 125 mg capsule, 125mg-80mg caps pk)</i>                                     | 1    | QL                        |    |
| <i>dronabinol</i>                                                                                                        | 1    |                           |    |
| <i>granisetron hcl 1 mg tablet</i>                                                                                       | 1    | QL                        |    |
| <i>ondansetron</i>                                                                                                       | 1    |                           |    |
| <i>ondansetron hcl (4 mg tablet, 4 mg/5 ml solution, 8 mg tablet, 24 mg tablet)</i>                                      | 1    |                           |    |
| SANCUSO                                                                                                                  | 3    | QL                        | ST |
| SYNDROS                                                                                                                  | 3    | PA                        |    |
| ANTIFUNGALS                                                                                                              |      |                           |    |
| BREXAFEMME                                                                                                               | 3    | QL                        | ST |
| <i>ciclopirox 8 % solution</i>                                                                                           | 1    | QL                        |    |
| <i>clotrimazole 10 mg troche</i>                                                                                         | 1    |                           |    |
| CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE)                                                                               | 3    |                           |    |
| <i>econazole nitrate</i>                                                                                                 | 1    |                           |    |
| <i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i> | 1    |                           |    |
| <i>flucytosine</i>                                                                                                       | 1    |                           |    |
| <i>griseofulvin ultramicrosize</i>                                                                                       | 1    |                           |    |
| <i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>                                                     | 1    |                           |    |
| GYNAZOLE 1                                                                                                               | 3    |                           |    |

| PRODUCT DESCRIPTION                                                                                              | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| <i>itraconazole</i>                                                                                              | 1    |                           |    |
| <i>ketoconazole (2 % cream (g), 200 mg tablet)</i>                                                               | 1    |                           |    |
| LULICONAZOLE                                                                                                     | 3    | QL                        | ST |
| <i>miconazole nitrate 200 mg supp.vag</i>                                                                        | 1    |                           |    |
| <i>naftifine hcl (1 % cream (g), 1 % gel (gram))</i>                                                             | 1    |                           |    |
| <i>naftifine hcl 2 % cream (g)</i>                                                                               | 1    | QL                        |    |
| <i>nyamyc</i>                                                                                                    | 1    |                           |    |
| <i>nystatin (500k unit tablet, 100000/g cream (g), 100000/g oint. (g), 100000/g powder, 100000/ml oral susp)</i> | 1    |                           |    |
| <i>nystop</i>                                                                                                    | 1    |                           |    |
| <i>posaconazole 100 mg tablet dr</i>                                                                             | 1    |                           |    |
| <i>terbinafine hcl 250 mg tablet</i>                                                                             | 1    |                           |    |
| <i>terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)</i>                                          | 1    |                           |    |
| VIVJOA                                                                                                           | 3    | QL                        | PA |
| <i>voriconazole (50 mg tablet, 200 mg/5ml susp recon)</i>                                                        | 1    |                           |    |
| <i>voriconazole 200 mg tablet</i>                                                                                | 1    | QL                        |    |
| ANTIGOUT AGENTS                                                                                                  |      |                           |    |
| <i>allopurinol (100 mg tablet, 300 mg tablet)</i>                                                                | 1    |                           |    |
| <i>colchicine</i>                                                                                                | 1    | QL                        |    |
| <i>febuxostat</i>                                                                                                | 1    |                           |    |
| <i>probenecid</i>                                                                                                | 1    |                           |    |
| <i>probenecid/colchicine</i>                                                                                     | 1    |                           |    |
| null                                                                                                             |      |                           |    |
| LODOCO                                                                                                           | 3    | QL                        | PA |
| ANTIMIGRAINE AGENTS                                                                                              |      |                           |    |
| ANTIMIGRAINE AGENTS, OTHER                                                                                       |      |                           |    |
| AJOVY AUTOINJECTOR                                                                                               | 2    | QL                        | PA |
| NURTEC ODT                                                                                                       | 3    | QL                        | PA |
| UBRELVY (50 MG TABLET, 100 MG TABLET)                                                                            | 3    | QL                        | PA |
| ERGOT ALKALOIDS                                                                                                  |      |                           |    |
| <i>dihydroergotamine mesylate (1 mg/ml ampul, 1 mg/ml vial)</i>                                                  | 1    | PA                        |    |

| PRODUCT DESCRIPTION                                                                                                                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| <i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>                                                                                                                                                 | 3    | QL                        | PA |
| <i>ergotamine tartrate/cafeine</i>                                                                                                                                                                      | 1    |                           |    |
| TRUDHESA                                                                                                                                                                                                | 3    | QL                        | PA |
| PROPHYLACTIC                                                                                                                                                                                            |      |                           |    |
| AIMOVIG AUTOINJECTOR                                                                                                                                                                                    | 2    | QL                        | PA |
| AJOVY SYRINGE                                                                                                                                                                                           | 2    | QL                        | PA |
| EMGALITY PEN                                                                                                                                                                                            | 2    | QL                        | PA |
| EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 120 MG/ML SYRINGE, 300 MG (100 MG X3SYR))                                                                                                                      | 2    | QL                        | PA |
| SEROTONIN (5-HT) RECEPTOR AGONIST                                                                                                                                                                       |      |                           |    |
| <i>almotriptan malate</i>                                                                                                                                                                               | 1    | QL                        |    |
| <i>eletriptan hydrobromide</i>                                                                                                                                                                          | 1    | QL                        |    |
| <i>frovatriptan succinate</i>                                                                                                                                                                           | 1    | QL                        |    |
| <i>naratriptan hcl</i>                                                                                                                                                                                  | 1    | QL                        |    |
| <i>rizatriptan benzoate</i>                                                                                                                                                                             | 1    | QL                        |    |
| <i>sumatriptan (5 mg spray, 20 mg spray)</i>                                                                                                                                                            | 1    | QL                        |    |
| <i>sumatriptan succinate (4 mg/0.5ml cartridge, 4 mg/0.5ml pen injctr, 6 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml syringe, 6 mg/0.5ml vial, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | 1    | QL                        |    |
| <i>sumatriptan succinate/naproxen sodium</i>                                                                                                                                                            | 1    | QL                        |    |
| <i>zolmitriptan (2.5 mg tab rapdis, 2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet)</i>                                                                                                                    | 1    | QL                        |    |
| ANTIMYASTHENIC AGENTS                                                                                                                                                                                   |      |                           |    |
| PARASYMPATHOMIMETICS                                                                                                                                                                                    |      |                           |    |
| <i>guanidine hcl</i>                                                                                                                                                                                    | 3    |                           |    |
| <i>pyridostigmine bromide (60 mg tablet, 180 mg tablet er)</i>                                                                                                                                          | 1    |                           |    |
| <i>pyridostigmine bromide 60 mg/5 ml solution</i>                                                                                                                                                       | 1    |                           |    |
| ANTIMYCOBACTERIALS                                                                                                                                                                                      |      |                           |    |
| ANTIMYCOBACTERIALS, OTHER                                                                                                                                                                               |      |                           |    |
| <i>dapsone (25 mg tablet, 100 mg tablet)</i>                                                                                                                                                            | 1    |                           |    |
| <i>rifabutin</i>                                                                                                                                                                                        | 1    |                           |    |
| ANTITUBERCULARS                                                                                                                                                                                         |      |                           |    |
| <i>cycloserine</i>                                                                                                                                                                                      | 1    |                           |    |

| PRODUCT DESCRIPTION                                                  | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------------------------------|------|---------------------------|
| <i>ethambutol hcl</i>                                                | 1    |                           |
| <i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i> | 1    |                           |
| PASER                                                                | 3    |                           |
| PRETOMANID                                                           | 3    | QL                        |
| PRIFTIN                                                              | 3    |                           |
| <i>pyrazinamide</i>                                                  | 1    |                           |
| <i>rifampin (150 mg capsule, 300 mg capsule)</i>                     | 1    |                           |
| RIFATER                                                              | 3    |                           |
| SIRTURO                                                              | 3    |                           |
| TRECTOR                                                              | 3    |                           |
| ANTINEOPLASTICS                                                      |      |                           |
| ALKYLATING AGENTS                                                    |      |                           |
| <i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>               | 1    |                           |
| CYCLOPHOSPHAMIDE (25 MG TABLET, 50 MG TABLET)                        | 3    |                           |
| GLEOSTINE                                                            | 3    |                           |
| LEUKERAN                                                             | 2    |                           |
| MATULANE                                                             | 2    |                           |
| <i>melphalan</i>                                                     | 1    |                           |
| MYLERAN                                                              | 2    |                           |
| <i>temozolomide</i>                                                  | 1    | MS                        |
| VALCHLOR                                                             | 3    | QL PA MS                  |
| ANTIANDROGENS                                                        |      |                           |
| <i>abiraterone acetate 250 mg tablet</i>                             | 1    | QL MS                     |
| <i>bicalutamide</i>                                                  | 1    |                           |
| ERLEADA (60 MG TABLET, 240 MG TABLET)                                | 3    | QL PA MS                  |
| <i>flutamide</i>                                                     | 1    |                           |
| <i>nilutamide</i>                                                    | 1    |                           |
| NUBEQA                                                               | 2    | QL PA MS                  |
| ORSERDU (86 MG TABLET, 345 MG TABLET)                                | 3    | QL PA MS                  |
| <i>toremifene citrate</i>                                            | 1    |                           |

| PRODUCT DESCRIPTION                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |                 |    |
|---------------------------------------------------------------------------------------------------------|------|---------------------------|-----------------|----|
| XTANDI (40 MG CAPSULE, 40 MG TABLET, 80 MG TABLET)                                                      | 2    | QL                        | PA              | MS |
| YONSA                                                                                                   | 3    | QL                        | PA              | MS |
| ANTIANGIOGENIC AGENTS                                                                                   |      |                           |                 |    |
| lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule, 15 mg capsule, 20 mg capsule, 25 mg capsule) | 1    | QL                        | PA              | MS |
| POMALYST                                                                                                | 3    | QL                        | PA              | MS |
| REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE)     | 3    | QL                        | PA              | MS |
| TEPMETKO                                                                                                | 3    | QL                        | PA              |    |
| THALOMID                                                                                                | 3    | QL                        | MS              |    |
| ANTIESTROGENS/MODIFIERS                                                                                 |      |                           |                 |    |
| EMCYT                                                                                                   | 3    |                           |                 |    |
| SOLTAMOX                                                                                                | 3    | QL                        | PA              |    |
|                                                                                                         |      | C                         | Covered in full |    |
| tamoxifen citrate                                                                                       | 1    | C                         | Covered in full |    |
| ANTIMETABOLITES                                                                                         |      |                           |                 |    |
| capecitabine                                                                                            | 1    | MS                        |                 |    |
| DROXIA                                                                                                  | 3    |                           |                 |    |
| hydroxyurea                                                                                             | 1    |                           |                 |    |
| INQOVI                                                                                                  | 3    | QL                        | PA              | MS |
| mercaptopurine                                                                                          | 1    |                           |                 |    |
| PURIXAN                                                                                                 | 3    | QL                        | PA              |    |
| SIKLOS                                                                                                  | 3    | PA                        |                 |    |
| TABLOID                                                                                                 | 2    |                           |                 |    |
| ANTINEOPLASTICS, OTHER                                                                                  |      |                           |                 |    |
| AUGTYRO                                                                                                 | 3    | QL                        | PA              | MS |
| AYVAKIT (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET)                       | 3    | QL                        | PA              |    |
| BESREMI                                                                                                 | 3    | QL                        | PA              | MS |
| BRUKINSA                                                                                                | 3    | QL                        | PA              | MS |
| EXKIVITY                                                                                                | 3    | QL                        | PA              | MS |

| PRODUCT DESCRIPTION                                                                             | TIER | LIMITS/RESTRICTIONS/NOTES |                 |    |
|-------------------------------------------------------------------------------------------------|------|---------------------------|-----------------|----|
| FOTIVDA (0.89 MG CAPSULE, 1.34 MG CAPSULE)                                                      | 3    | QL                        | PA              | MS |
| IDHIFA (50 MG TABLET, 100 MG TABLET)                                                            | 3    | QL                        | PA              | MS |
| INREBIC                                                                                         | 3    | QL                        | PA              | MS |
| KISQALI FEMARA CO-PACK (200 MG, 400 MG, 600 MG)                                                 | 2    | QL                        | PA              | MS |
| KOSELUGO (10 MG CAPSULE, 25 MG CAPSULE)                                                         | 3    | QL                        | PA              | MS |
| KRAZATI                                                                                         | 3    | QL                        | PA              | MS |
| <i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i>               | 1    |                           |                 |    |
| LONSURF                                                                                         | 3    | PA                        | MS              |    |
| LUMAKRAS (120 MG TABLET, 320 MG TABLET)                                                         | 3    | QL                        | PA              | MS |
| LYTGOBI (12 MG (3X, 16 MG (4X, 20 MG (5X)                                                       | 3    | QL                        | PA              | MS |
| NINLARO                                                                                         | 3    | PA                        | MS              |    |
| OGSIVEO 50 MG TABLET                                                                            | 3    | QL                        | PA              | MS |
| ONUREG                                                                                          | 3    | QL                        | PA              | MS |
| QINLOCK                                                                                         | 3    | QL                        | PA              |    |
| TAZVERIK                                                                                        | 3    | QL                        | PA              | MS |
| TRUSELTIQ (50 MG DAILY PK, 75 MG DAILY PK, 100 MG DAILY PK, 125 MG DAILY PK)                    | 3    | QL                        | PA              |    |
| VANFLYTA                                                                                        | 3    | QL                        | PA              | MS |
| WELIREG                                                                                         | 3    | QL                        | PA              | MS |
| XPOVIO (40 MG ONCE, 40 MG TWICE, 60 MG ONCE, 60 MG TWICE, 80 MG ONCE, 80 MG TWICE, 100 MG ONCE) | 3    | QL                        | PA              | MS |
| ZOLINZA                                                                                         | 3    | QL                        | PA              | MS |
| AROMATASE INHIBITORS, 3RD GENERATION                                                            |      |                           |                 |    |
| <i>anastrozole</i>                                                                              | 1    | C                         | Covered in full |    |
| <i>exemestane</i>                                                                               | 1    | C                         | Covered in full |    |
| <i>letrozole</i>                                                                                | 1    |                           |                 |    |
| ENZYME INHIBITORS                                                                               |      |                           |                 |    |
| AKEEGA                                                                                          | 3    | QL                        | PA              | MS |
| <i>etoposide 50 mg capsule</i>                                                                  | 1    |                           |                 |    |

| PRODUCT DESCRIPTION                                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |
|--------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|
| GAVRETO                                                                                                                  | 3    | QL                        | PA | MS |
| HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)                                                                                 | 2    | QL                        | MS |    |
| JAYPIRCA (50 MG TABLET, 100 MG TABLET)                                                                                   | 3    | QL                        | PA | MS |
| OJJAARA                                                                                                                  | 3    | QL                        | PA | MS |
| TRUQAP                                                                                                                   | 3    | QL                        | PA | MS |
| MOLECULAR TARGET INHIBITORS                                                                                              |      |                           |    |    |
| ALECENSA                                                                                                                 | 3    | PA                        | MS |    |
| ALUNBRIG (30 MG TABLET, 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)                                              | 3    | QL                        | PA | MS |
| BALVERSA (3 MG TABLET, 4 MG TABLET, 5 MG TABLET)                                                                         | 3    | QL                        | PA |    |
| BOSULIF (100 MG TABLET, 400 MG TABLET, 500 MG TABLET)                                                                    | 3    | QL                        | PA | MS |
| BRAFTOVI (50 MG CAPSULE, 75 MG CAPSULE)                                                                                  | 3    | QL                        | PA | MS |
| CABOMETYX                                                                                                                | 3    | QL                        | PA | MS |
| CALQUENCE (100 MG CAPSULE, 100 MG TABLET)                                                                                | 3    | QL                        | PA |    |
| CAPRELSA (100 MG TABLET, 300 MG TABLET)                                                                                  | 2    | QL                        | PA |    |
| COMETRIQ (60 MG PACK, 100 MG PK, 140 MG PK)                                                                              | 2    | QL                        | PA | MS |
| COPIKTRA                                                                                                                 | 3    | QL                        | PA |    |
| COTELLIC                                                                                                                 | 3    | QL                        | PA | MS |
| DAURISMO (25 MG TABLET, 100 MG TABLET)                                                                                   | 3    | QL                        | PA | MS |
| ERIVEDGE                                                                                                                 | 3    | QL                        | PA | MS |
| <i>erlotinib hcl</i>                                                                                                     | 1    | QL                        | PA | MS |
| <i>everolimus (2 mg tab susp, 2.5 mg tablet, 3 mg tab susp, 5 mg tab susp, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i> | 1    | QL                        | PA | MS |
| FRUZAQLA (1 MG CAPSULE, 5 MG CAPSULE)                                                                                    | 3    | QL                        | PA | MS |
| <i>gefitinib</i>                                                                                                         | 1    | QL                        | PA | MS |
| GILOTTRIF                                                                                                                | 3    | QL                        | PA | MS |
| IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)                      | 2    | QL                        | PA | MS |
| ICLUSIG (10 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET)                                                         | 3    | QL                        | PA |    |
| <i>imatinib mesylate (100 mg tablet, 400 mg tablet)</i>                                                                  | 1    | QL                        | MS |    |

| PRODUCT DESCRIPTION                                                                                                                                 | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|
| IMBRUVICA (70 MG CAPSULE, 140 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)                                               | 3    | QL                        | PA |    |
| IMBRUVICA 70 MG/ML SUSPENSION                                                                                                                       | 3    | QL                        | PA | MS |
| INLYTA (1 MG TABLET, 5 MG TABLET)                                                                                                                   | 3    | QL                        | PA | MS |
| JAKAFI                                                                                                                                              | 2    | QL                        | PA | MS |
| KISQALI                                                                                                                                             | 2    | QL                        | PA | MS |
| <i>lapatinib ditosylate</i>                                                                                                                         | 1    | QL                        |    | MS |
| LENVIMA (4 MG CAPSULE, 8 MG DAILY DOSE, 10 MG DAILY DOSE, 12 MG DAILY DOSE, 14 MG DAILY DOSE, 18 MG DAILY DOSE, 20 MG DAILY DOSE, 24 MG DAILY DOSE) | 3    | QL                        | PA | MS |
| LORBRENA (25 MG TABLET, 100 MG TABLET)                                                                                                              | 3    | QL                        | PA | MS |
| LYNPARZA                                                                                                                                            | 3    | QL                        | PA | MS |
| MEKINIST (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 2 MG TABLET)                                                                                          | 3    | QL                        | PA | MS |
| MEKTOVI                                                                                                                                             | 3    | QL                        | PA | MS |
| NERLYNX                                                                                                                                             | 3    | QL                        | PA | MS |
| NEXAVAR                                                                                                                                             | 3    | QL                        | PA | MS |
| ODOMZO                                                                                                                                              | 3    |                           | PA | MS |
| OPZELURA                                                                                                                                            | 3    | QL                        | PA |    |
| <i>pazopanib hcl</i>                                                                                                                                | 1    | QL                        | PA | MS |
| PEMAZYRE                                                                                                                                            | 3    | QL                        | PA |    |
| PIQRAY (200 MG DAILY PACK, 250 MG DAILY PACK, 300 MG DAILY PACK)                                                                                    | 3    | QL                        | PA | MS |
| RETEVMO (40 MG CAPSULE, 80 MG CAPSULE)                                                                                                              | 3    | QL                        | PA | MS |
| ROZLYTREK (50 MG PELLET PACKET, 100 MG CAPSULE, 200 MG CAPSULE)                                                                                     | 3    | QL                        | PA | MS |
| RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET)                                                                                               | 3    | QL                        | PA | MS |
| RYDAPT                                                                                                                                              | 3    | QL                        | PA | MS |
| SCEMBLIX (20 MG TABLET, 40 MG TABLET)                                                                                                               | 3    | QL                        | PA | MS |
| <i>sorafenib tosylate</i>                                                                                                                           | 1    | QL                        | PA | MS |
| SPRYCEL (20 MG TABLET, 50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)                                                      | 3    | QL                        | PA | MS |
| STIVARGA                                                                                                                                            | 3    | QL                        | PA | MS |

| PRODUCT DESCRIPTION                                                                                                                                                                                         | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|
| <i>sunitinib malate (12.5 mg capsule, 25 mg capsule, 37.5 mg capsule, 50 mg capsule)</i>                                                                                                                    | 1    | QL                        | PA | MS |
| TABRECTA                                                                                                                                                                                                    | 3    | QL                        | PA | MS |
| TAFINLAR (10 MG TABLET FOR SUSP, 50 MG CAPSULE, 75 MG CAPSULE)                                                                                                                                              | 3    | QL                        | PA | MS |
| TAGRISSO                                                                                                                                                                                                    | 3    | PA                        | MS |    |
| TALZENNA (0.1 MG CAPSULE, 0.1 MG SOFTGEL, 0.25 MG CAPSULE, 0.25 MG SOFTGEL, 0.35 MG CAPSULE, 0.35 MG SOFTGEL, 0.5 MG CAPSULE, 0.5 MG SOFTGEL, 0.75 MG CAPSULE, 0.75 MG SOFTGEL, 1 MG CAPSULE, 1 MG SOFTGEL) | 3    | QL                        | PA | MS |
| TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)                                                                                                                                                     | 3    | QL                        | PA | MS |
| TIBSOVO                                                                                                                                                                                                     | 3    | QL                        | PA |    |
| TUKYSA (50 MG TABLET, 150 MG TABLET)                                                                                                                                                                        | 3    | QL                        | PA | MS |
| TURALIO                                                                                                                                                                                                     | 3    | QL                        | PA |    |
| VENCLEXTA                                                                                                                                                                                                   | 3    | QL                        | PA |    |
| VERZENIO                                                                                                                                                                                                    | 2    | QL                        | PA | MS |
| VIJOICE (50 MG TABLET, 125 MG TABLET, 250 MG DAILY DOSE PACK)                                                                                                                                               | 3    | QL                        | PA | MS |
| VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)                                                                                                                                                 | 3    | QL                        | PA | MS |
| VIZIMPRO                                                                                                                                                                                                    | 3    | QL                        | PA | MS |
| VOTRIENT                                                                                                                                                                                                    | 3    | QL                        | PA | MS |
| XALKORI (20 MG PELLET, 50 MG PELLET, 150 MG PELLET, 200 MG CAPSULE, 250 MG CAPSULE)                                                                                                                         | 3    | QL                        | PA | MS |
| XOSPATA                                                                                                                                                                                                     | 3    | QL                        | PA | MS |
| ZEJULA (100 MG CAPSULE, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET)                                                                                                                                        | 2    | QL                        | PA | MS |
| ZELBORAF                                                                                                                                                                                                    | 2    | QL                        | PA | MS |
| ZYDELIG                                                                                                                                                                                                     | 3    | QL                        | PA | MS |
| ZYKADIA                                                                                                                                                                                                     | 3    | QL                        | PA | MS |
| RETINOIDS                                                                                                                                                                                                   |      |                           |    |    |
| <i>bexarotene (1 % gel (gram), 75 mg capsule)</i>                                                                                                                                                           | 1    | QL                        | PA | MS |
| PANRETIN                                                                                                                                                                                                    | 3    |                           |    |    |
| TARGRETIN 1% GEL                                                                                                                                                                                            | 3    | PA                        | MS |    |
| <i>tretinoin 10 mg capsule</i>                                                                                                                                                                              | 1    |                           |    |    |

| PRODUCT DESCRIPTION                                                                 | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |
|-------------------------------------------------------------------------------------|------|---------------------------|----|----|
| TREATMENT ADJUNCTS                                                                  |      |                           |    |    |
| MESNEX 400 MG TABLET                                                                | 3    |                           |    |    |
| REZLIDHIA                                                                           | 3    | QL                        | PA |    |
| VONJO                                                                               | 3    | QL                        | PA | MS |
| ANTIPARASITICS                                                                      |      |                           |    |    |
| ANTHELMINTHICS                                                                      |      |                           |    |    |
| albendazole                                                                         | 1    |                           |    |    |
| ivermectin 3 mg tablet                                                              | 1    | QL                        | PA |    |
| praziquantel                                                                        | 1    |                           |    |    |
| ANTIPROTOZOALS                                                                      |      |                           |    |    |
| ALINIA 100 MG/5 ML SUSPENSION                                                       | 3    | QL                        |    |    |
| atovaquone 750 mg/5ml oral susp                                                     | 1    |                           |    |    |
| atovaquone/proguanil hcl                                                            | 1    |                           |    |    |
| BENZNIDAZOLE (12.5 MG TABLET, 100 MG TABLET)                                        | 3    | QL                        |    |    |
| chloroquine phosphate                                                               | 1    |                           |    |    |
| COARTEM                                                                             | 3    |                           |    |    |
| HYDROXYCHLOROQUINE SULFATE (300 MG TABLET, 400 MG TABLET)                           | 3    | QL                        | PA |    |
| hydroxychloroquine sulfate 100 mg tablet                                            | 1    | QL                        | PA |    |
| hydroxychloroquine sulfate 200 mg tablet                                            | 1    |                           |    |    |
| IMPAVIDO                                                                            | 3    | QL                        | PA |    |
| KRINTAFEL                                                                           | 2    |                           |    |    |
| LAMPIT                                                                              | 3    |                           |    |    |
| mefloquine hcl                                                                      | 1    |                           |    |    |
| nitazoxanide                                                                        | 1    | QL                        |    |    |
| pentamidine isethionate 300 mg vial-neb                                             | 1    |                           |    |    |
| primaquine phosphate (tier dependent on manufacturer. sanofi-aventis t3, others t1) | 1    |                           |    |    |
| pyrimethamine                                                                       | 1    | MS                        |    |    |
| quinine sulfate                                                                     | 1    | PA                        |    |    |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                   | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|
| ANTIPARKINSON AGENTS                                                                                                                                                                                                                                                                                                                                  |      |                           |    |    |
| ANTICHOLINERGICS                                                                                                                                                                                                                                                                                                                                      |      |                           |    |    |
| benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)                                                                                                                                                                                                                                                                                        | 1    |                           |    |    |
| trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml solution, 5 mg tablet)                                                                                                                                                                                                                                                                                    | 1    |                           |    |    |
| ANTIPARKINSON AGENTS, OTHER                                                                                                                                                                                                                                                                                                                           |      |                           |    |    |
| amantadine hcl (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet)                                                                                                                                                                                                                                                                                   | 1    |                           |    |    |
| carbidopa/levodopa/entacapone                                                                                                                                                                                                                                                                                                                         | 1    |                           |    |    |
| entacapone                                                                                                                                                                                                                                                                                                                                            | 1    |                           |    |    |
| GOCOVRI                                                                                                                                                                                                                                                                                                                                               | 3    | QL                        | PA |    |
| OSMOLEX ER (ER 129 MG TABLET, ER 193 MG TABLET, ER 258 MG TABLET, ER 322 MG DAILY DOSE)                                                                                                                                                                                                                                                               | 3    | QL                        | PA |    |
| tolcapone                                                                                                                                                                                                                                                                                                                                             | 1    |                           |    |    |
| DOPAMINE AGONISTS                                                                                                                                                                                                                                                                                                                                     |      |                           |    |    |
| apomorphine hcl                                                                                                                                                                                                                                                                                                                                       | 1    | QL                        | PA | MS |
| bromocriptine mesylate                                                                                                                                                                                                                                                                                                                                | 1    |                           |    |    |
| KYNMOBI                                                                                                                                                                                                                                                                                                                                               | 3    | QL                        | PA |    |
| NEUPRO                                                                                                                                                                                                                                                                                                                                                | 3    | QL                        | PA |    |
| pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)                                                                                                                                                                                                                                       | 1    |                           |    |    |
| ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)                                                                                                                                                                                                                                       | 1    |                           |    |    |
| ropinirole hcl (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)                                                                                                                                                                                                                                                 | 1    | QL                        |    |    |
| DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS                                                                                                                                                                                                                                                                                      |      |                           |    |    |
| carbidopa                                                                                                                                                                                                                                                                                                                                             | 1    |                           |    |    |
| carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tab rapdis, carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-100mg tab rapdis, carbidopa/levodopa 25mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 25mg-250mg tab rapdis, carbidopa/levodopa 25mg-250mg tablet, carbidopa/levodopa 50mg-200mg tablet er) | 1    |                           |    |    |
| INBRIJA                                                                                                                                                                                                                                                                                                                                               | 3    | QL                        | PA | MS |
| RYTARY (ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP)                                                                                                                                                                                                                                                | 3    | QL                        | PA |    |
| MONOAMINE OXIDASE B (MAO-B) INHIBITORS                                                                                                                                                                                                                                                                                                                |      |                           |    |    |
| rasagiline mesylate                                                                                                                                                                                                                                                                                                                                   | 1    | QL                        |    |    |
| selegiline hcl                                                                                                                                                                                                                                                                                                                                        | 1    |                           |    |    |
| ZELAPAR                                                                                                                                                                                                                                                                                                                                               | 3    | QL                        | PA |    |

| PRODUCT DESCRIPTION                                                                                                                         | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| ANTIPSYCHOTICS                                                                                                                              |      |                           |
| 1ST GENERATION/TYPICAL                                                                                                                      |      |                           |
| <i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml oral conc, 50 mg tablet, 100 mg tablet, 100 mg/ml oral conc, 200 mg tablet)</i> | 1    |                           |
| <i>chlorpromazine hcl 25 mg/ml ampul</i>                                                                                                    | 1    |                           |
| <i>fluphenazine decanoate</i>                                                                                                               | 1    |                           |
| <i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5ml elixir, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)</i>                       | 1    |                           |
| <i>fluphenazine hcl 2.5 mg/ml vial</i>                                                                                                      | 1    |                           |
| HALDOL DECANOATE 100                                                                                                                        | 3    |                           |
| HALDOL DECANOATE 50                                                                                                                         | 3    |                           |
| <i>haloperidol</i>                                                                                                                          | 1    |                           |
| <i>haloperidol decanoate (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml ampul, 100 mg/ml vial)</i>                                               | 1    |                           |
| <i>haloperidol lactate (2 mg/ml oral conc, 5 mg/ml vial)</i>                                                                                | 1    |                           |
| <i>loxapine succinate</i>                                                                                                                   | 1    |                           |
| <i>molindone hcl</i>                                                                                                                        | 1    |                           |
| <i>pimozide</i>                                                                                                                             | 1    |                           |
| <i>thioridazine hcl</i>                                                                                                                     | 1    |                           |
| <i>thiothixene</i>                                                                                                                          | 1    |                           |
| <i>trifluoperazine hcl</i>                                                                                                                  | 1    |                           |
| 2ND GENERATION/ATYPICAL                                                                                                                     |      |                           |
| ABILIFY ASIMTUFII (720 MG/2.4ML, 960 MG/3.2ML)                                                                                              | 3    | QL                        |
| ABILIFY MAINTENA                                                                                                                            | 3    |                           |
| <i>aripiprazole (1 mg/ml solution, 2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>                    | 1    | QL                        |
| ARISTADA                                                                                                                                    | 3    | QL                        |
| ARISTADA INITIO                                                                                                                             | 3    | QL                        |
| <i>asenapine maleate</i>                                                                                                                    | 1    | QL                        |
| FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)                                        | 3    | QL ST                     |
| FANAPT TITRATION PACK                                                                                                                       | 3    | ST                        |
| INVEGA HAFYERA                                                                                                                              | 3    |                           |
| INVEGA SUSTENNA                                                                                                                             | 3    |                           |
| INVEGA TRINZA                                                                                                                               | 3    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                            | TIER | LIMITS/RESTRICTIONS/NOTES |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|-------|
| LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 80 MG TABLET, 120 MG TABLET)                                                                                                 | 3    | QL                        | ST    |
| <i>lurasidone hcl</i>                                                                                                                                                          | 1    | QL                        |       |
| NUPLAZID (10 MG TABLET, 34 MG CAPSULE)                                                                                                                                         | 3    | QL                        | PA MS |
| <i>olanzapine (2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet, 7.5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 15 mg tab rapdis, 15 mg tablet, 20 mg tab rapdis, 20 mg tablet)</i> | 1    |                           |       |
| <i>paliperidone</i>                                                                                                                                                            | 1    | QL                        |       |
| PERSERIS                                                                                                                                                                       | 3    |                           |       |
| <i>quetiapine fumarate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet)</i>                                                                           | 1    |                           |       |
| <i>quetiapine fumarate (50 mg tab er 24h, 150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h, 400 mg tablet)</i>                                       | 1    | QL                        |       |
| QUETIAPINE FUMARATE 150 MG TABLET                                                                                                                                              | 3    |                           |       |
| RISPERDAL CONSTA                                                                                                                                                               | 3    |                           |       |
| <i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>                                                       | 1    |                           |       |
| RYKINDO                                                                                                                                                                        | 3    | QL                        |       |
| UZEDY                                                                                                                                                                          | 3    | QL                        |       |
| VRAYLAR                                                                                                                                                                        | 3    | QL                        | ST    |
| <i>ziprasidone hcl</i>                                                                                                                                                         | 1    |                           |       |
| ZYPREXA RELPREVV                                                                                                                                                               | 3    |                           |       |
| TREATMENT-RESISTANT                                                                                                                                                            |      |                           |       |
| <i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>                                                                                                    | 1    |                           |       |
| ANTISPASTICITY AGENTS                                                                                                                                                          |      |                           |       |
| <i>baclofen (10 mg tablet, 20 mg tablet)</i>                                                                                                                                   | 1    |                           |       |
| BACLOFEN (5 MG/5 ML SOLUTION, 10 MG/5 ML SOLUTION)                                                                                                                             | 3    | QL                        | PA    |
| BACLOFEN 5 MG TABLET                                                                                                                                                           | 3    |                           |       |
| <i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>                                                                                                        | 1    |                           |       |
| LYVISPAH                                                                                                                                                                       | 3    | QL                        | PA    |
| OZOBAX                                                                                                                                                                         | 3    | QL                        | PA    |
| OZOBAX DS                                                                                                                                                                      | 3    | QL                        | PA    |
| <i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>                                                                                                                               | 1    |                           |       |

| PRODUCT DESCRIPTION                                                                                  | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |  |
|------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|--|
| ANTIVIRALS                                                                                           |      |                           |    |    |  |
| ANTI-CYTOMEGALOVIRUS (CMV) AGENTS                                                                    |      |                           |    |    |  |
| LIVTENCITY                                                                                           | 3    | QL                        |    |    |  |
| PREVYMIS (240 MG TABLET, 480 MG TABLET)                                                              | 3    |                           |    |    |  |
| valganciclovir hcl (50 mg/ml soln recon, 450 mg tablet)                                              | 1    |                           |    |    |  |
| ANTI-HEPATITIS B (HBV) AGENTS                                                                        |      |                           |    |    |  |
| adefovir dipivoxil                                                                                   | 1    |                           |    |    |  |
| entecavir                                                                                            | 1    | QL                        |    |    |  |
| lamivudine 100 mg tablet                                                                             | 1    |                           |    |    |  |
| ANTI-HEPATITIS C (HCV) AGENTS                                                                        |      |                           |    |    |  |
| EPCLUSA (150-37.5 MG PELLETT PKT, 200 MG-50 MG TABLET, 200-50 MG PELLETT PACK, 400 MG-100 MG TABLET) | 2    | QL                        | PA | MS |  |
| HARVONI (33.75-150 MG PELLETT PK, 45-200 MG PELLETT PACKET, 45-200 MG TABLET, 90-400 MG TABLET)      | 2    | QL                        | PA | MS |  |
| LEDIPASVIR/SOFOSBUVIR                                                                                | 2    | QL                        | PA | MS |  |
| MAVYRET 100-40 MG TABLET                                                                             | 2    | QL                        | PA | MS |  |
| MAVYRET 50-20 MG PELLETT PACKET                                                                      | 2    |                           | PA | MS |  |
| ribavirin (200 mg capsule, 200 mg tablet)                                                            | 1    |                           | PA | MS |  |
| SOFOSBUVIR/VELPATASVIR                                                                               | 2    | QL                        | PA | MS |  |
| SOVALDI (150 MG PELLETT PACKET, 200 MG PELLETT PACKET, 200 MG TABLET, 400 MG TABLET)                 | 3    | QL                        | PA | MS |  |
| VOSEVI                                                                                               | 3    | QL                        | PA | MS |  |
| ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)                                                        |      |                           |    |    |  |
| BIKTARVY                                                                                             | 2    | QL                        |    |    |  |
| DOVATO                                                                                               | 2    |                           |    |    |  |
| GENVOYA                                                                                              | 2    |                           |    |    |  |
| ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW, 400 MG TABLET)                                     | 2    | QL                        |    |    |  |
| ISENTRESS 100 MG POWDER PACKET                                                                       | 2    |                           |    |    |  |
| ISENTRESS HD                                                                                         | 2    |                           |    |    |  |
| JULUCA                                                                                               | 2    |                           |    |    |  |
| STRIBILD                                                                                             | 3    | QL                        |    |    |  |
| TIVICAY                                                                                              | 3    |                           |    |    |  |
| TIVICAY PD                                                                                           | 3    |                           |    |    |  |

| PRODUCT DESCRIPTION                                                                                                                                                           | TIER | LIMITS/RESTRICTIONS/NOTES       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------|
| ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)                                                                                                      |      |                                 |
| COMPLERA                                                                                                                                                                      | 3    |                                 |
| DELSTRIGO                                                                                                                                                                     | 3    | QL                              |
| EDURANT                                                                                                                                                                       | 3    |                                 |
| efavirenz                                                                                                                                                                     | 1    |                                 |
| efavirenz/emtricitabine/tenofovir disoproxil fumarate                                                                                                                         | 1    | QL                              |
| efavirenz/lamivudine/tenofovir disoproxil fumarate                                                                                                                            | 1    | QL                              |
| etravirine                                                                                                                                                                    | 1    |                                 |
| nevirapine (100 mg tab er 24h, 200 mg tablet, 400 mg tab er 24h)                                                                                                              | 1    |                                 |
| nevirapine 50 mg/5 ml oral susp                                                                                                                                               | 1    |                                 |
| ODEFSEY                                                                                                                                                                       | 3    |                                 |
| PIFELTRO                                                                                                                                                                      | 3    | QL                              |
| RESCRIPTOR                                                                                                                                                                    | 2    |                                 |
| ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)                                                                                            |      |                                 |
| abacavir sulfate (20 mg/ml solution, 300 mg tablet)                                                                                                                           | 1    |                                 |
| abacavir sulfate/lamivudine                                                                                                                                                   | 1    |                                 |
| abacavir sulfate/lamivudine/zidovudine                                                                                                                                        | 1    |                                 |
| CIMDUO                                                                                                                                                                        | 3    | QL                              |
| DESCOVY 120-15 MG TABLET                                                                                                                                                      | 2    | C Covered in full for PrEP only |
| DESCOVY 200-25 MG TABLET                                                                                                                                                      | 2    | C Covered in full for PrEP only |
| didanosine                                                                                                                                                                    | 1    |                                 |
| emtricitabine                                                                                                                                                                 | 1    |                                 |
| emtricitabine/tenofovir (tdf) 200-300 mg tablet                                                                                                                               | 1    | C Covered in full for PrEP only |
| emtricitabine/tenofovir disoproxil fumarate (emtricitabine/tenofovir 100-150 mg tablet, emtricitabine/tenofovir 133-200 mg tablet, emtricitabine/tenofovir 167-250 mg tablet) | 1    |                                 |
| EMTRIVA 10 MG/ML SOLUTION                                                                                                                                                     | 3    |                                 |
| lamivudine (10 mg/ml solution, 150 mg tablet, 300 mg tablet)                                                                                                                  | 1    |                                 |
| lamivudine/zidovudine                                                                                                                                                         | 1    |                                 |
| stavudine                                                                                                                                                                     | 1    |                                 |
| TEMIXYS                                                                                                                                                                       | 2    | QL                              |
| tenofovir disoproxil fumarate                                                                                                                                                 | 1    |                                 |

| PRODUCT DESCRIPTION                                                                                                                               | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| TRIUMEQ                                                                                                                                           | 2    |                           |
| TRIUMEQ PD                                                                                                                                        | 2    | QL                        |
| VIDEX                                                                                                                                             | 2    |                           |
| VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)                                                                                      | 3    |                           |
| <i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>                                                                                 | 1    |                           |
| ANTI-HIV AGENTS, OTHER                                                                                                                            |      |                           |
| <i>maraviroc</i>                                                                                                                                  | 1    | QL                        |
| RUKOBIA                                                                                                                                           | 3    | PA                        |
| SELZENTRY 20 MG/ML ORAL SOLN                                                                                                                      | 2    |                           |
| SELZENTRY 75 MG TABLET                                                                                                                            | 3    |                           |
| SUNLENCA (4- 300 MG TABLET, 5- 300 MG TABLET)                                                                                                     | 3    | QL PA                     |
| TYBOST                                                                                                                                            | 2    | QL                        |
| ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)                                                                                                         |      |                           |
| APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)                                                                                                      | 3    |                           |
| <i>atazanavir sulfate</i>                                                                                                                         | 1    |                           |
| CRIXIVAN                                                                                                                                          | 3    |                           |
| <i>darunavir</i>                                                                                                                                  | 1    |                           |
| <i>darunavir ethanolate</i>                                                                                                                       | 1    |                           |
| INVIRASE                                                                                                                                          | 3    |                           |
| LEXIVA 50 MG/ML SUSPENSION                                                                                                                        | 3    |                           |
| <i>lopinavir/ritonavir (lopinavir/ritonavir 100mg-25mg tablet, lopinavir/ritonavir 200mg-50mg tablet, lopinavir/ritonavir 400-100/5 solution)</i> | 1    |                           |
| PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)                                                        | 3    |                           |
| <i>ritonavir</i>                                                                                                                                  | 1    |                           |
| SYM TUZA                                                                                                                                          | 3    | QL                        |
| VIRACEPT                                                                                                                                          | 3    |                           |
| ANTI-INFLUENZA AGENTS                                                                                                                             |      |                           |
| <i>oseltamivir phosphate (6 mg/ml susp recon, 30 mg capsule, 45 mg capsule, 75 mg capsule)</i>                                                    | 1    | QL                        |
| RELENZA                                                                                                                                           | 3    | QL                        |
| <i>rimantadine hcl</i>                                                                                                                            | 1    |                           |
| TAMIFLU (6 MG/ML SUSPENSION, 30 MG CAPSULE, 45 MG CAPSULE, 75 MG CAPSULE)                                                                         | 3    | QL                        |

| PRODUCT DESCRIPTION                                                                                                                                                                                                 | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| XOFLUZA                                                                                                                                                                                                             | 3    | QL                        |
| ANTIHERPETIC AGENTS                                                                                                                                                                                                 |      |                           |
| acyclovir (200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)                                                                                                                                      | 1    |                           |
| famciclovir (125 mg tablet, 250 mg tablet)                                                                                                                                                                          | 1    |                           |
| famciclovir 500 mg tablet                                                                                                                                                                                           | 1    | QL                        |
| SITAVIG                                                                                                                                                                                                             | 3    | PA                        |
| valacyclovir hcl                                                                                                                                                                                                    | 1    |                           |
| ANXIOLYTICS                                                                                                                                                                                                         |      |                           |
| ANXIOLYTICS, OTHER                                                                                                                                                                                                  |      |                           |
| buspirone hcl                                                                                                                                                                                                       | 1    |                           |
| meprobamate                                                                                                                                                                                                         | 1    |                           |
| BENZODIAZEPINES                                                                                                                                                                                                     |      |                           |
| alprazolam (0.25 mg tab rapdis, 0.25 mg tablet, 0.5 mg tab er 24h, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab er 24h, 1 mg tab rapdis, 1 mg tablet, 2 mg tab er 24h, 2 mg tab rapdis, 2 mg tablet, 3 mg tab er 24h) | 1    |                           |
| alprazolam intensol                                                                                                                                                                                                 | 1    |                           |
| chlordiazepoxide hcl                                                                                                                                                                                                | 1    |                           |
| clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg tablet, 2 mg tab rapdis, 2 mg tablet)                                                                  | 1    |                           |
| clorazepate dipotassium                                                                                                                                                                                             | 1    |                           |
| diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg tablet)                                                                                                                            | 1    |                           |
| lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 2 mg/ml oral conc)                                                                                                                                              | 1    |                           |
| lorazepam intensol                                                                                                                                                                                                  | 1    |                           |
| LOREEV XR                                                                                                                                                                                                           | 3    | QL PA                     |
| midazolam hcl (2 mg/ml syrup, 5 mg/2.5ml syrup)                                                                                                                                                                     | 1    |                           |
| oxazepam                                                                                                                                                                                                            | 1    |                           |
| BIPOLAR AGENTS                                                                                                                                                                                                      |      |                           |
| MOOD STABILIZERS                                                                                                                                                                                                    |      |                           |
| lithium carbonate (150 mg capsule, 300 mg capsule, 300 mg tablet, 300 mg tablet er, 450 mg tablet er, 600 mg capsule)                                                                                               | 1    |                           |
| lithium citrate 8 meq/5 ml solution                                                                                                                                                                                 | 1    |                           |
| BLOOD GLUCOSE REGULATORS                                                                                                                                                                                            |      |                           |
| <b>DIABETIC BENEFIT and/or DME BENEFIT APPLIES. Please refer to member contract for copayment amount. If Diabetic Benefit DOES NOT apply please refer to the following tier classifications:</b>                    |      |                           |
| ANTIDIABETIC AGENTS                                                                                                                                                                                                 |      |                           |
| acarbose                                                                                                                                                                                                            | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| CYCLOSET                                                                                                                 | 3    | QL                        |
| FARXIGA                                                                                                                  | 2    | QL                        |
| <i>glimepiride</i>                                                                                                       | 1    |                           |
| <i>glipizide (2.5 mg tab er 24, 5 mg tab er 24, 5 mg tablet, 10 mg tab er 24, 10 mg tablet)</i>                          | 1    |                           |
| GLIPIZIDE 2.5 MG TABLET                                                                                                  | 3    |                           |
| <i>glipizide/metformin hcl</i>                                                                                           | 1    |                           |
| <i>glyburide</i>                                                                                                         | 1    |                           |
| <i>glyburide,micronized</i>                                                                                              | 1    |                           |
| <i>glyburide/metformin hcl</i>                                                                                           | 1    |                           |
| GLYXAMBI                                                                                                                 | 2    | QL                        |
| INVOKAMET (50-1,000 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)                                                   | 2    |                           |
| INVOKAMET 50-500 MG TABLET                                                                                               | 2    | QL                        |
| INVOKAMET XR                                                                                                             | 2    |                           |
| INVOKANA                                                                                                                 | 2    | QL                        |
| JANUMET                                                                                                                  | 2    | QL                        |
| JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET, 100-1,000 MG TABLET)                                                   | 2    | QL                        |
| JANUVIA                                                                                                                  | 2    | QL                        |
| JARDIANCE                                                                                                                | 2    | QL                        |
| JENTADUETO                                                                                                               | 2    | QL                        |
| JENTADUETO XR (2.5 MG, 5 MG TB)                                                                                          | 2    | QL                        |
| <i>metformin hcl (500 mg tab er 24h, 500 mg tablet, 750 mg tab er 24h, 850 mg tablet, 1000 mg tablet)</i>                | 1    |                           |
| <i>miglitol</i>                                                                                                          | 1    |                           |
| MOUNJARO (2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN) | 3    | QL PA                     |
| <i>nateglinide</i>                                                                                                       | 1    |                           |
| OZEMPIC                                                                                                                  | 2    | QL PA                     |
| <i>pioglitazone hcl</i>                                                                                                  | 1    |                           |
| <i>pioglitazone hcl/glimepiride</i>                                                                                      | 1    | QL                        |
| <i>pioglitazone hcl/metformin hcl</i>                                                                                    | 1    |                           |
| <i>repaglinide</i>                                                                                                       | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                               | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|-----------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| RYBELSUS                                                                                                                          | 2    | QL                        | PA |
| saxagliptin hcl                                                                                                                   | 1    | QL                        |    |
| saxagliptin hcl/metformin hcl (/metformin 2.5-1000mg tbmp 24hr, /metformin 5 mg-500mg tbmp 24hr, /metformin 5mg-1000mg tbmp 24hr) | 1    | QL                        |    |
| SEGLUROMET                                                                                                                        | 2    | QL                        |    |
| SOLIQUA 100-33                                                                                                                    | 2    | QL                        |    |
| STEGLATRO                                                                                                                         | 2    | QL                        |    |
| STEGLUJAN                                                                                                                         | 2    | QL                        |    |
| SYMLINPEN 120                                                                                                                     | 3    |                           |    |
| SYMLINPEN 60                                                                                                                      | 3    |                           |    |
| SYNJARDY                                                                                                                          | 2    |                           |    |
| SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB, 25-1,000 MG TABLET)                                        | 2    | QL                        |    |
| TRADJENTA                                                                                                                         | 2    | QL                        |    |
| TRIJARDY XR                                                                                                                       | 2    |                           |    |
| TRULICITY                                                                                                                         | 2    | QL                        | PA |
| VICTOZA 2-PAK                                                                                                                     | 2    | QL                        | PA |
| VICTOZA 3-PAK                                                                                                                     | 2    | QL                        | PA |
| WEGOVY (0.25 MG/0.5 ML PEN, 0.5 MG/0.5 ML PEN, 1 MG/0.5 ML PEN, 1.7 MG/0.75 ML PEN, 2.4 MG/0.75 ML PEN)                           | 3    | QL                        | PA |
| XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)                | 2    | QL                        |    |
| XULTOPHY 100-3.6                                                                                                                  | 2    | QL                        |    |
| ZEPBOUND                                                                                                                          | 3    | QL                        | PA |
| GLYCEMIC AGENTS                                                                                                                   |      |                           |    |
| BAQSIMI                                                                                                                           | 2    | QL                        |    |
| DEX4 GLUCOSE (15 GM GEL PACKET, LIQUID, LIQUID BLAST)                                                                             | 3    |                           |    |
| dex4 glucose (glucose 4 gm tablet chew, glucose tab pouch pack, quick dissolve tab chew)                                          | 1    |                           |    |
| dex4 glucose bits                                                                                                                 | 1    |                           |    |
| dextrose (1 g tab chew, 4 g tab chew, 40 % gel (gram))                                                                            | 1    |                           |    |
| DEXTROSE (15 G/60 ML LIQUID, 15G/59ML LIQUID)                                                                                     | 3    |                           |    |
| diazoxide                                                                                                                         | 1    |                           |    |
| GLUCAGEN 1 MG HYPOKIT                                                                                                             | 2    | QL                        |    |

| PRODUCT DESCRIPTION                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------|------|---------------------------|
| GLUCAGON EMERGENCY KIT                                                   | 2    | QL                        |
| <i>glucagon emergency kit (mfr: amphastar pharmaceuticals)</i>           | 1    | QL                        |
| <i>gluco burst 40% gel</i>                                               | 1    |                           |
| GLUCO SHOT                                                               | 3    |                           |
| GLUTOSE-15                                                               | 3    |                           |
| GLUTOSE-45                                                               | 3    |                           |
| GLUTOSE-5                                                                | 3    |                           |
| GVOKE                                                                    | 2    | QL                        |
| GVOKE HYPOPEN 1-PACK (1-PK 1 MG/0.2 ML, 1PK 0.5MG/0.1 ML)                | 2    | QL                        |
| GVOKE HYPOPEN 2-PACK (2-PK 1 MG/0.2 ML, 2PK 0.5MG/0.1 ML)                | 2    | QL                        |
| GVOKE PFS 1-PACK SYRINGE (1-PK 1 MG/0.2 ML SYR, 1PK 0.5MG/0.1 ML SYR)    | 2    | QL                        |
| GVOKE PFS 2-PACK SYRINGE (2-PK 1 MG/0.2 ML SYR, 2PK 0.5MG/0.1 ML SYR)    | 2    | QL                        |
| RELION GLUCOSE 15 GRAM LIQUID                                            | 3    |                           |
| TRUEPLUS GLUCOSE (3.75 G TB CHW, 15 GRAM GEL, 15 GRAM LIQ, RA 15 GM GEL) | 3    |                           |
| INSULINS                                                                 |      |                           |
| APIDRA                                                                   | 3    | ST                        |
| APIDRA SOLOSTAR                                                          | 3    | ST                        |
| BASAGLAR KWIKPEN U-100                                                   | 3    |                           |
| BASAGLAR TEMPO PEN U-100                                                 | 3    |                           |
| FIASP                                                                    | 3    | ST                        |
| FIASP FLEXTOUCH                                                          | 3    | ST                        |
| FIASP PENFILL                                                            | 3    | ST                        |
| HUMALOG                                                                  | 2    |                           |
| HUMALOG JUNIOR KWIKPEN                                                   | 2    |                           |
| HUMALOG KWIKPEN U-100                                                    | 2    |                           |
| HUMALOG KWIKPEN U-200                                                    | 2    |                           |
| HUMALOG MIX 50-50                                                        | 2    |                           |
| HUMALOG MIX 50-50 KWIKPEN                                                | 2    |                           |
| HUMALOG MIX 75-25                                                        | 2    |                           |
| HUMALOG MIX 75-25 KWIKPEN                                                | 2    |                           |

| PRODUCT DESCRIPTION                                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| HUMALOG TEMPO PEN U-100                                                                                                  | 2    |                           |
| HUMULIN 70-30                                                                                                            | 2    |                           |
| HUMULIN 70/30 KWIKPEN                                                                                                    | 2    |                           |
| HUMULIN N                                                                                                                | 2    |                           |
| HUMULIN N KWIKPEN                                                                                                        | 2    |                           |
| HUMULIN R                                                                                                                | 2    |                           |
| HUMULIN R U-500                                                                                                          | 2    |                           |
| HUMULIN R U-500 KWIKPEN                                                                                                  | 2    |                           |
| INSULIN ASPART (100/ML (3) INSULN PEN, 100/ML CARTRIDGE, 100/ML VIAL)                                                    | 3    | ST                        |
| INSULIN ASPART PROT/INSULN ASP 70-30/ML VIAL                                                                             | 3    | ST                        |
| INSULIN DEGLUDEC (100/ML (3) INSULN PEN, 100/ML VIAL, 200/ML (3) INSULN PEN)                                             | 2    |                           |
| INSULIN GLARGINE,HUMAN RECOMBINANT ANALOG (100/ML (3) INSULN PEN, 100/ML VIAL, 300/ML (3) INSULN PEN, 300/ML INSULN PEN) | 2    |                           |
| INSULIN GLARGINE-YFGN                                                                                                    | 2    |                           |
| INSULIN LISPRO (100/ML INS PEN HF, 100/ML INSULN PEN, 100/ML VIAL)                                                       | 2    |                           |
| INSULIN LISPRO PROTAMINE AND INSULIN LISPRO                                                                              | 2    |                           |
| LANTUS                                                                                                                   | 2    |                           |
| LANTUS SOLOSTAR                                                                                                          | 2    |                           |
| LEVEMIR                                                                                                                  | 2    |                           |
| LEVEMIR FLEXPEN                                                                                                          | 2    |                           |
| LEVEMIR FLEXTOUCH                                                                                                        | 2    |                           |
| LYUMJEV                                                                                                                  | 2    |                           |
| LYUMJEV KWIKPEN U-100                                                                                                    | 2    |                           |
| LYUMJEV KWIKPEN U-200                                                                                                    | 2    |                           |
| LYUMJEV TEMPO PEN U-100                                                                                                  | 2    |                           |
| NOVOLOG                                                                                                                  | 3    | ST                        |
| NOVOLOG FLEXPEN                                                                                                          | 3    | ST                        |
| NOVOLOG MIX 70-30                                                                                                        | 3    | ST                        |
| NOVOLOG MIX 70-30 FLEXPEN                                                                                                | 3    | ST                        |
| NOVOLOG PENFILL                                                                                                          | 3    | ST                        |
| TOUJEO MAX SOLOSTAR                                                                                                      | 2    |                           |
| TOUJEO SOLOSTAR                                                                                                          | 2    |                           |

| PRODUCT DESCRIPTION                                                                   | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------------------------------|------|---------------------------|
| TRESIBA                                                                               | 2    |                           |
| TRESIBA FLEXTOUCH U-100                                                               | 2    |                           |
| TRESIBA FLEXTOUCH U-200                                                               | 2    |                           |
| BLOOD PRODUCTS AND MODIFIERS                                                          |      |                           |
| ANTICOAGULANTS                                                                        |      |                           |
| COUMADIN                                                                              | 2    |                           |
| <i>dabigatran etexilate mesylate (75 mg capsule, 110 mg capsule, 150 mg capsule)</i>  | 1    | QL                        |
| ELIQUIS (2.5 MG TABLET, 5 MG TABLET)                                                  | 2    | QL                        |
| ELIQUIS DVT-PE TREAT START 5MG                                                        | 2    | QL                        |
| <i>enoxaparin sodium</i>                                                              | 1    |                           |
| <i>fondaparinux sodium</i>                                                            | 1    |                           |
| FRAGMIN                                                                               | 3    |                           |
| <i>jantoven</i>                                                                       | 1    |                           |
| <i>warfarin sodium</i>                                                                | 1    |                           |
| XARELTO (1 MG/ML SUSPENSION, 2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET) | 2    | QL                        |
| XARELTO DVT-PE TREAT START 30D                                                        | 2    |                           |
| BLOOD PRODUCTS AND MODIFIERS, OTHER                                                   |      |                           |
| <i>anagrelide hcl</i>                                                                 | 1    |                           |
| ARANESP                                                                               | 2    | MS                        |
| EPOGEN                                                                                | 3    | MS                        |
| FULPHILA                                                                              | 3    | PA MS                     |
| FYLNETRA                                                                              | 3    | PA MS                     |
| GRANIX                                                                                | 3    | PA MS                     |
| LEUKINE                                                                               | 3    | QL MS                     |
| MOZOBIL                                                                               | 3    | QL MS                     |
| MULPLETA                                                                              | 3    | QL PA MS                  |
| NEULASTA                                                                              | 2    | MS                        |
| NEULASTA ONPRO                                                                        | 2    | MS                        |
| NEUPOGEN                                                                              | 3    | PA MS                     |
| NIVESTYM                                                                              | 3    | PA MS                     |

| PRODUCT DESCRIPTION                                                                                               | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |
|-------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|
| NYVEPRIA                                                                                                          | 3    | PA                        | MS |    |
| <i>plerixafor</i>                                                                                                 | 1    | QL                        | MS |    |
| PROCRT                                                                                                            | 3    | MS                        |    |    |
| PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG SUSPENSION PCKT, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET) | 3    | QL                        | PA | MS |
| PYRUKYND (5 MG TABLET, 5 MG TAPER PACK, 20 MG TABLET, 20-5 MG TAPER PACK, 50 MG TABLET)                           | 3    | QL                        | PA |    |
| RELEUKO                                                                                                           | 3    | PA                        | MS |    |
| RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 40,000 UNIT/ML VIAL)   | 3    | MS                        |    |    |
| STIMUFEND                                                                                                         | 3    | PA                        | MS |    |
| UDENYCA                                                                                                           | 2    | MS                        |    |    |
| UDENYCA AUTOINJECTOR                                                                                              | 2    | MS                        |    |    |
| ZARXIO                                                                                                            | 2    | MS                        |    |    |
| ZIEXTENZO                                                                                                         | 3    | PA                        | MS |    |
| HEMOSTASIS AGENTS                                                                                                 |      |                           |    |    |
| <i>aminocaproic acid (250 mg/ml solution, 500 mg tablet, 1000 mg tablet)</i>                                      | 1    |                           |    |    |
| HEMLIBRA (30 MG/ML VIAL, 60 MG/0.4 ML VIAL, 105 MG/0.7 ML VIAL, 150 MG/ML VIAL)                                   | 3    | PA                        | MS |    |
| <i>phytonadione (vit k1) 5 mg tablet</i>                                                                          | 1    |                           |    |    |
| <i>tranexamic acid 650 mg tablet</i>                                                                              | 1    | QL                        |    |    |
| PLATELET MODIFYING AGENTS                                                                                         |      |                           |    |    |
| <i>aspirin/dipyridamole</i>                                                                                       | 1    |                           |    |    |
| BRILINTA 60 MG TABLET                                                                                             | 2    |                           |    |    |
| BRILINTA 90 MG TABLET                                                                                             | 2    | QL                        |    |    |
| CABLIVI 11 MG KIT                                                                                                 | 3    | QL                        | PA |    |
| <i>cilostazol</i>                                                                                                 | 1    |                           |    |    |
| <i>clopidogrel bisulfate 300 mg tablet</i>                                                                        | 1    |                           |    |    |
| <i>clopidogrel bisulfate 75 mg tablet</i>                                                                         | 1    | QL                        |    |    |
| <i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>                                                    | 1    |                           |    |    |
| DOPTELET                                                                                                          | 3    | QL                        | PA | MS |
| OXBRYTA (300 MG TABLET, 300 MG TABLET FOR SUSP, 500 MG TABLET)                                                    | 3    | QL                        | PA | MS |
| <i>prasugrel hcl (5 mg tablet, 10 mg tablet)</i>                                                                  | 1    | QL                        |    |    |

| PRODUCT DESCRIPTION                                                                    | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------------------------------------------------|------|---------------------------|
| TAVALISSE                                                                              | 3    | QL PA                     |
| <i>ticlopidine hcl</i>                                                                 | 1    |                           |
| CARDIOVASCULAR AGENTS                                                                  |      |                           |
| ALPHA-ADRENERGIC AGONISTS                                                              |      |                           |
| <i>clonidine (0.1mg/24hr patch tdwk, 0.2mg/24hr patch tdwk, 0.3mg/24hr patch tdwk)</i> | 1    | QL                        |
| <i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>                     | 1    |                           |
| <i>droxidopa</i>                                                                       | 1    | QL PA MS                  |
| <i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>                                       | 1    |                           |
| <i>methyl dopa</i>                                                                     | 1    |                           |
| <i>midodrine hcl</i>                                                                   | 1    |                           |
| ALPHA-ADRENERGIC BLOCKING AGENTS                                                       |      |                           |
| <i>doxazosin mesylate</i>                                                              | 1    |                           |
| <i>phenoxybenzamine hcl</i>                                                            | 1    |                           |
| <i>prazosin hcl</i>                                                                    | 1    |                           |
| <i>terazosin hcl</i>                                                                   | 1    |                           |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS                                                    |      |                           |
| <i>candesartan cilexetil</i>                                                           | 1    |                           |
| <i>eprosartan mesylate</i>                                                             | 1    |                           |
| <i>irbesartan</i>                                                                      | 1    |                           |
| <i>losartan potassium</i>                                                              | 1    |                           |
| <i>olmesartan medoxomil</i>                                                            | 1    |                           |
| <i>telmisartan</i>                                                                     | 1    |                           |
| <i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>            | 1    |                           |
| ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS                                         |      |                           |
| <i>benazepril hcl</i>                                                                  | 1    |                           |
| <i>captopril</i>                                                                       | 1    |                           |
| <i>enalapril maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>      | 1    |                           |
| <i>enalapril maleate 1 mg/ml solution</i>                                              | 1    | PA                        |
| <i>fosinopril sodium</i>                                                               | 1    |                           |
| <i>lisinopril</i>                                                                      | 1    |                           |
| <i>moexipril hcl</i>                                                                   | 1    |                           |
| <i>perindopril erbumine</i>                                                            | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                           | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|-------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| QBRELIS                                                                                                                       | 3    | QL                        | PA |
| <i>quinapril hcl</i>                                                                                                          | 1    |                           |    |
| <i>ramipril</i>                                                                                                               | 1    |                           |    |
| <i>trandolapril</i>                                                                                                           | 1    |                           |    |
| ANTIARRHYTHMICS                                                                                                               |      |                           |    |
| <i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>                                                           | 1    |                           |    |
| <i>disopyramide phosphate</i>                                                                                                 | 1    |                           |    |
| <i>dofetilide</i>                                                                                                             | 1    |                           |    |
| <i>flecainide acetate</i>                                                                                                     | 1    |                           |    |
| <i>mexiletine hcl</i>                                                                                                         | 1    |                           |    |
| MULTAQ                                                                                                                        | 2    | QL                        |    |
| <i>pacerone</i>                                                                                                               | 1    |                           |    |
| <i>propafenone hcl (150 mg tablet, 225 mg cap er 12h, 225 mg tablet, 300 mg tablet, 325 mg cap er 12h, 425 mg cap er 12h)</i> | 1    |                           |    |
| <i>quinidine gluconate</i>                                                                                                    | 1    |                           |    |
| <i>quinidine sulfate</i>                                                                                                      | 1    |                           |    |
| <i>sorine</i>                                                                                                                 | 1    |                           |    |
| <i>sotalol af</i>                                                                                                             | 1    |                           |    |
| <i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>                                                | 1    |                           |    |
| SOTYLIZE                                                                                                                      | 3    | PA                        |    |
| BETA-ADRENERGIC BLOCKING AGENTS                                                                                               |      |                           |    |
| <i>acebutolol hcl</i>                                                                                                         | 1    |                           |    |
| <i>atenolol</i>                                                                                                               | 1    |                           |    |
| <i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>                                                                             | 1    |                           |    |
| <i>bisoprolol fumarate</i>                                                                                                    | 1    |                           |    |
| <i>carvedilol</i>                                                                                                             | 1    |                           |    |
| <i>carvedilol phosphate</i>                                                                                                   | 1    | QL                        |    |
| KAPSPARGO SPRINKLE                                                                                                            | 3    |                           |    |
| <i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>                                                            | 1    |                           |    |
| <i>metoprolol succinate</i>                                                                                                   | 1    |                           |    |
| <i>metoprolol tartrate (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>                          | 1    |                           |    |
| <i>nadolol</i>                                                                                                                | 1    |                           |    |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| nebivolol hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1    | QL                        |
| pindolol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1    |                           |
| propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40 mg tablet, 40mg/5ml solution, 60 mg cap sa 24h, 60 mg tablet, 80 mg cap sa 24h, 80 mg tablet, 120 mg cap sa 24h, 160 mg cap sa 24h)                                                                                                                                                                                                                                                                                                | 1    |                           |
| timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1    |                           |
| CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                           |
| amlodipine besylate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1    |                           |
| felodipine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1    |                           |
| isradipine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1    |                           |
| nicardipine hcl (20 mg capsule, 30 mg capsule)                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1    |                           |
| nifedipine (10 mg capsule, 20 mg capsule, 30 mg tab er 24, 30 mg tablet er, 60 mg tab er 24, 60 mg tablet er, 90 mg tab er 24, 90 mg tablet er)                                                                                                                                                                                                                                                                                                                                                         | 1    |                           |
| nimodipine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1    |                           |
| nisoldipine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1    | QL                        |
| CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                           |
| cartia xt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1    |                           |
| dilt-xr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1    |                           |
| diltiazem hcl (30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg cap sa 24h, 120 mg tab er 24h, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 180 mg cap sa 24h, 180 mg tab er 24h, 240 mg cap er 24h, 240 mg cap er deg, 240 mg cap sa 24h, 240 mg tab er 24h, 300 mg cap er 24h, 300 mg cap sa 24h, 300 mg tab er 24h, 360 mg cap sa 24h, 360 mg tab er 24h, 420 mg cap sa 24h, 420 mg tab er 24h) | 1    |                           |
| matzim la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1    |                           |
| taztia xt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1    |                           |
| tiadylt er                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1    |                           |
| verapamil hcl (40 mg tablet, 80 mg tablet, 100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg cap24h pel, 180 mg tablet er, 200 mg cap24h pct, 240 mg cap24h pel, 240 mg tablet er, 300 mg cap24h pct, 360 mg cap24h pel)                                                                                                                                                                                                                                                    | 1    |                           |
| CARDIOVASCULAR AGENTS, OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                           |
| acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1    |                           |
| aliskiren hemifumarate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1    | QL                        |
| amiloride hcl/hydrochlorothiazide                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1    |                           |
| amlodipine besylate/benazepril hcl                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1    |                           |
| amlodipine besylate/olmesartan medoxomil                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1    | QL                        |
| amlodipine besylate/valsartan                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1    | QL PA                     |

| PRODUCT DESCRIPTION                                                                                                                                                                         | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>amlodipine besylate/valsartan/hydrochlorothiazide</i>                                                                                                                                    | 1    | QL PA                     |
| <i>atenolol/chlorthalidone</i>                                                                                                                                                              | 1    |                           |
| <i>benazepril hcl/hydrochlorothiazide</i>                                                                                                                                                   | 1    |                           |
| <i>bisoprolol fumarate/hydrochlorothiazide</i>                                                                                                                                              | 1    |                           |
| CAMZYOS (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE)                                                                                                                        | 3    | QL PA MS                  |
| <i>candesartan cilexetil/hydrochlorothiazide</i>                                                                                                                                            | 1    |                           |
| <i>captopril/hydrochlorothiazide</i>                                                                                                                                                        | 1    |                           |
| CORLANOR (5 MG TABLET, 5 MG/5 ML ORAL SOLN, 7.5 MG TABLET)                                                                                                                                  | 3    | QL                        |
| <i>digitek</i>                                                                                                                                                                              | 1    |                           |
| <i>digox</i>                                                                                                                                                                                | 1    |                           |
| <i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg tablet)</i>                                                                                                                         | 1    |                           |
| <i>enalapril maleate/hydrochlorothiazide</i>                                                                                                                                                | 1    |                           |
| ENTRESTO                                                                                                                                                                                    | 2    | QL                        |
| <i>fosinopril sodium/hydrochlorothiazide</i>                                                                                                                                                | 1    |                           |
| <i>irbesartan/hydrochlorothiazide</i>                                                                                                                                                       | 1    |                           |
| <i>isosorbide dinitrate/hydralazine hcl</i>                                                                                                                                                 | 1    | QL                        |
| <i>lisinopril/hydrochlorothiazide</i>                                                                                                                                                       | 1    |                           |
| <i>losartan potassium/hydrochlorothiazide</i>                                                                                                                                               | 1    |                           |
| <i>methyldopa/hydrochlorothiazide</i>                                                                                                                                                       | 1    |                           |
| <i>metoprolol tartrate/hydrochlorothiazide</i>                                                                                                                                              | 1    |                           |
| NEXLETOL                                                                                                                                                                                    | 3    | QL PA                     |
| <i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>                                                                                                                         | 1    | QL                        |
| <i>olmesartan medoxomil/hydrochlorothiazide</i>                                                                                                                                             | 1    |                           |
| <i>pentoxifylline</i>                                                                                                                                                                       | 1    |                           |
| <i>propranolol hcl/hydrochlorothiazide</i>                                                                                                                                                  | 1    |                           |
| <i>quinapril hcl/hydrochlorothiazide (quinapril/hydrochlorothiazide 10-12.5mg tablet, quinapril/hydrochlorothiazide 20 mg-25mg tablet, quinapril/hydrochlorothiazide 20-12.5 mg tablet)</i> | 1    |                           |
| <i>quinapril/hydrochlorothiazide 10-12.5 mg tablet</i>                                                                                                                                      | 1    |                           |
| <i>ranolazine (500 mg tab er 12h, 1000 mg tab er 12h)</i>                                                                                                                                   | 1    | QL                        |
| <i>spironolactone/hydrochlorothiazide</i>                                                                                                                                                   | 1    |                           |
| <i>telmisartan/hydrochlorothiazide</i>                                                                                                                                                      | 1    |                           |

| PRODUCT DESCRIPTION                                                                                | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>trandolapril/verapamil hcl</i>                                                                  | 1    | QL                        |
| <i>triamterene/hydrochlorothiazide</i>                                                             | 1    |                           |
| <i>valsartan/hydrochlorothiazide</i>                                                               | 1    |                           |
| VERQUVO                                                                                            | 3    | QL PA                     |
| VYNDAMAX                                                                                           | 3    | QL PA MS                  |
| DIURETICS, LOOP                                                                                    |      |                           |
| <i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>                                        | 1    |                           |
| <i>ethacrynic acid</i>                                                                             | 1    |                           |
| FUROSCIX                                                                                           | 3    | QL PA                     |
| <i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 80 mg tablet)</i> | 1    |                           |
| <i>torseamide</i>                                                                                  | 1    |                           |
| DIURETICS, POTASSIUM-SPARING                                                                       |      |                           |
| <i>amiloride hcl</i>                                                                               | 1    |                           |
| <i>eplerenone</i>                                                                                  | 1    |                           |
| KERENDIA (10 MG TABLET, 20 MG TABLET)                                                              | 3    | QL PA                     |
| <i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                                  | 1    |                           |
| <i>triamterene 50 mg capsule</i>                                                                   | 1    |                           |
| DIURETICS, THIAZIDE                                                                                |      |                           |
| <i>chlorothiazide</i>                                                                              | 1    |                           |
| <i>chlorthalidone</i>                                                                              | 1    |                           |
| <i>hydrochlorothiazide</i>                                                                         | 1    |                           |
| <i>indapamide</i>                                                                                  | 1    |                           |
| <i>methyclothiazide</i>                                                                            | 1    |                           |
| <i>metolazone</i>                                                                                  | 1    |                           |
| DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES                                                             |      |                           |
| <i>fenofibrate 160 mg tablet</i>                                                                   | 1    | QL                        |
| <i>fenofibrate 54 mg tablet</i>                                                                    | 1    |                           |
| <i>fenofibrate nanocrystallized (48 mg tablet, 145 mg tablet, 145mg tablet)</i>                    | 1    | QL                        |
| <i>fenofibrate,micronized (43 mg capsule, 67 mg capsule, 134 mg capsule, 200 mg capsule)</i>       | 1    |                           |
| <i>fenofibric acid (choline)</i>                                                                   | 1    | QL                        |
| <i>gemfibrozil</i>                                                                                 | 1    |                           |

| PRODUCT DESCRIPTION                                                                                    | TIER | LIMITS/RESTRICTIONS/NOTES |                           |
|--------------------------------------------------------------------------------------------------------|------|---------------------------|---------------------------|
| DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS                                                            |      |                           |                           |
| atorvastatin calcium (10 mg tablet, 20 mg tablet)                                                      | 1    | C                         | Covered in full age 40-75 |
| atorvastatin calcium (40 mg tablet, 80 mg tablet)                                                      | 1    |                           |                           |
| fluvastatin sodium (20 mg capsule, 40 mg capsule)                                                      | 1    | QL<br>C                   | Covered in full age 40-75 |
| lovastatin (10 mg tablet, 20 mg tablet)                                                                | 1    | C                         | Covered in full age 40-75 |
| lovastatin 40 mg tablet                                                                                | 1    | QL<br>C                   | Covered in full age 40-75 |
| pravastatin sodium                                                                                     | 1    | C                         | Covered in full age 40-75 |
| rosuvastatin calcium (20 mg tablet, 40 mg tablet)                                                      | 1    | QL                        |                           |
| rosuvastatin calcium (5 mg tablet, 10 mg tablet)                                                       | 1    | QL<br>C                   | Covered in full age 40-75 |
| simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)                                    | 1    | QL<br>C                   | Covered in full age 40-75 |
| simvastatin 80 mg tablet                                                                               | 1    | QL                        |                           |
| DYSLIPIDEMICS, OTHER                                                                                   |      |                           |                           |
| cholestyramine (with sugar) (4 g powd pack, 4 g powder)                                                | 1    |                           |                           |
| cholestyramine/aspartame (cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder) | 1    |                           |                           |
| colesevelam hcl                                                                                        | 1    |                           |                           |
| colestipol hcl (1 g tablet, 5 g granules, 5 g packet)                                                  | 1    |                           |                           |
| ezetimibe                                                                                              | 1    |                           |                           |
| EZETIMIBE/ROSUVASTATIN CALCIUM                                                                         | 2    |                           |                           |
| ezetimibe/simvastatin                                                                                  | 1    |                           |                           |
| icosapent ethyl (0.5 gram capsule, 1 g capsule)                                                        | 1    | QL                        |                           |
| JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)     | 3    | QL                        | PA                        |
| NEXLIZET                                                                                               | 3    | QL                        | PA                        |
| niacin (500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)                                      | 1    | QL                        |                           |
| omega-3 acid ethyl esters                                                                              | 1    | QL                        |                           |
| prevalite (packet, powder)                                                                             | 1    |                           |                           |
| REPATHA                                                                                                | 2    | QL                        |                           |

| PRODUCT DESCRIPTION                                                                                          | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|--------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| ROSZET                                                                                                       | 2    |                           |    |
| VASCEPA 0.5 GM CAPSULE                                                                                       | 2    |                           |    |
| VASCEPA 1 GM CAPSULE                                                                                         | 2    | QL                        |    |
| VASODILATORS, DIRECT-ACTING ARTERIAL                                                                         |      |                           |    |
| hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)                                    | 1    |                           |    |
| minoxidil (2.5 mg tablet, 10 mg tablet)                                                                      | 1    |                           |    |
| VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS                                                                  |      |                           |    |
| GONITRO                                                                                                      | 3    | PA                        |    |
| isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet er)                | 1    |                           |    |
| isosorbide mononitrate (10 mg tablet, 20 mg tablet)                                                          | 1    |                           |    |
| isosorbide mononitrate (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)                               | 1    |                           |    |
| minitran                                                                                                     | 1    |                           |    |
| nitro-time                                                                                                   | 1    |                           |    |
| nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.4mg/hr patch td24, 0.6mg/hr patch td24)           | 1    |                           |    |
| nitroglycerin (0.3 mg tab sublingual, 0.4 mg tab sublingual, 0.6 mg tab sublingual)                          | 1    |                           |    |
| nitroglycerin (0.4% (w/w) oint. (g), 400mcg/spr spray)                                                       | 1    | QL                        |    |
| RECTIV                                                                                                       | 3    | QL                        |    |
| CENTRAL NERVOUS SYSTEM AGENTS                                                                                |      |                           |    |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES                                                |      |                           |    |
| ADZENYS ER                                                                                                   | 3    | QL                        | PA |
| ADZENYS XR-ODT (3.1 MG TABLET, 6.3 MG TABLET, 9.4 MG TABLET, 12.5 MG TABLET, 15.7 MG TABLET, 18.8 MG TABLET) | 3    | QL                        | PA |
| amphetamine sulfate 5 mg tablet                                                                              | 1    |                           |    |
| amphetamine suspension                                                                                       | 3    | QL                        | PA |
| dexedrine 10 mg tablet                                                                                       | 1    |                           |    |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate<br>(dextroamphetamine/amphetamine 5 mg cap er 24h,<br>dextroamphetamine/amphetamine 10 mg cap er 24h,<br>dextroamphetamine/amphetamine 15 mg cap er 24h,<br>dextroamphetamine/amphetamine 20 mg cap er 24h,<br>dextroamphetamine/amphetamine 25 mg cap er 24h,<br>dextroamphetamine/amphetamine 30 mg cap er 24h)                           | 1    | QL                        |
| dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate<br>(dextroamphetamine/amphetamine 5 mg tablet,<br>dextroamphetamine/amphetamine 7.5 mg tablet,<br>dextroamphetamine/amphetamine 10 mg tablet,<br>dextroamphetamine/amphetamine 12.5 mg tablet,<br>dextroamphetamine/amphetamine 15 mg tablet,<br>dextroamphetamine/amphetamine 20 mg tablet,<br>dextroamphetamine/amphetamine 30 mg tablet) | 1    |                           |
| dextroamphetamine sulfate (5 mg capsule er, 5 mg tablet, 5 mg/5 ml solution,<br>10 mg capsule er, 10 mg tablet, 15 mg capsule er, 15 mg tablet, 20 mg tablet,<br>30 mg tablet)                                                                                                                                                                                                                           | 1    |                           |
| DYANAVEL XR 2.5 MG/ML SUSP                                                                                                                                                                                                                                                                                                                                                                               | 3    | QL PA                     |
| lisdexamfetamine dimesylate                                                                                                                                                                                                                                                                                                                                                                              | 1    | QL                        |
| VYVANSE                                                                                                                                                                                                                                                                                                                                                                                                  | 2    | QL                        |
| zenzedi (5 mg tablet, 10 mg tablet)                                                                                                                                                                                                                                                                                                                                                                      | 1    |                           |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES                                                                                                                                                                                                                                                                                                                                        |      |                           |
| atomoxetine hcl                                                                                                                                                                                                                                                                                                                                                                                          | 1    |                           |
| clonidine hcl 0.1 mg tab er 12h                                                                                                                                                                                                                                                                                                                                                                          | 1    | QL                        |
| COTEMPLA XR-ODT                                                                                                                                                                                                                                                                                                                                                                                          | 3    | QL PA                     |
| dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)                                                                                                                                                                                                                                                                                                                                        | 1    |                           |
| dexmethylphenidate hcl (5 mg cpbp 50-50, 10 mg cpbp 50-50, 15 mg cpbp 50-50,<br>20 mg cpbp 50-50, 25 mg cpbp 50-50, 30 mg cpbp 50-50, 35 mg cpbp 50-50,<br>40 mg cpbp 50-50)                                                                                                                                                                                                                             | 1    | QL                        |
| guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)                                                                                                                                                                                                                                                                                                                      | 1    | QL                        |
| metadate er                                                                                                                                                                                                                                                                                                                                                                                              | 1    |                           |
| methylphenidate hcl (10 mg cpbp 30-70, 10 mg cpbp 50-50, 18 mg tab er 24,<br>20 mg cpbp 30-70, 20 mg cpbp 50-50, 27 mg tab er 24, 30 mg cpbp 30-70, 30<br>mg cpbp 50-50, 36 mg tab er 24, 40 mg cpbp 30-70, 40 mg cpbp 50-50, 50 mg<br>cpbp 30-70, 54 mg tab er 24, 60 mg cpbp 30-70, 60 mg cpbp 50-50)                                                                                                  | 1    | QL                        |
| methylphenidate hcl (2.5 mg tab chew, 5 mg tab chew, 5 mg tablet, 5 mg/5 ml<br>solution, 10 mg tab chew, 10 mg tablet, 10 mg tablet er, 10 mg/5 ml solution, 20<br>mg tablet, 20 mg tablet er)                                                                                                                                                                                                           | 1    |                           |
| METHYLPHENIDATE HCL (45 MG TAB ER 24, 63 MG TAB ER 24, 72 MG<br>TAB ER 24)                                                                                                                                                                                                                                                                                                                               | 3    | QL                        |
| QELBREE (ER 100 MG CAPSULE, ER 150 MG CAPSULE, ER 200 MG<br>CAPSULE)                                                                                                                                                                                                                                                                                                                                     | 3    | QL PA                     |
| QUILLICHEW ER (ER 20 MG CHEW TAB, ER 30 MG CHEW TAB, ER 40 MG<br>CHEW TAB)                                                                                                                                                                                                                                                                                                                               | 3    | QL PA                     |
| QUILLIVANT XR                                                                                                                                                                                                                                                                                                                                                                                            | 3    | QL PA                     |
| RELEXXII (ER 45 MG TABLET, ER 63 MG TABLET, ER 72 MG TABLET)                                                                                                                                                                                                                                                                                                                                             | 3    | QL                        |

| PRODUCT DESCRIPTION                                                                               | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |
|---------------------------------------------------------------------------------------------------|------|---------------------------|----|----|
| CENTRAL NERVOUS SYSTEM, OTHER                                                                     |      |                           |    |    |
| AUSTEDO (6 MG TABLET, 9 MG TABLET, 12 MG TABLET)                                                  | 3    | QL                        | PA | MS |
| AUSTEDO XR (6 MG TABLET, 12 MG TABLET, 24 MG TABLET)                                              | 3    | QL                        | PA | MS |
| AUSTEDO XR TITRATION KT(WK1-4)                                                                    | 3    | QL                        | PA | MS |
| benzphetamine hcl                                                                                 | 1    |                           |    |    |
| butalbital/acetaminophen 50mg-325mg tablet                                                        | 1    |                           |    |    |
| butalbital/acetaminophen/caffeine                                                                 | 1    |                           |    |    |
| CONTRACE                                                                                          | 3    | QL                        | PA |    |
| diethylpropion hcl (25 mg tablet, 75 mg tablet er)                                                | 1    |                           |    |    |
| FIRDAPSE                                                                                          | 3    | QL                        | PA |    |
| gabapentin (300 mg tab er 24h, 600 mg tab er 24h)                                                 | 1    | QL                        | PA |    |
| GRALISE (ER 450 MG TABLET, ER 600 MG TABLET, ER 750 MG TABLET, ER 900 MG TABLET)                  | 3    | QL                        | PA |    |
| HORIZANT (ER 300 MG TABLET, ER 600 MG TABLET)                                                     | 3    | QL                        | PA |    |
| INGREZZA                                                                                          | 3    | QL                        | PA |    |
| INGREZZA INITIATION PK(TARDIV)                                                                    | 3    | QL                        | PA |    |
| NUEDEXTA                                                                                          | 3    | QL                        | PA |    |
| phenidimetrazine tartrate (35 mg tablet, 105 mg capsule er)                                       | 1    |                           |    |    |
| phentermine hcl                                                                                   | 1    |                           |    |    |
| QSYMIA (3.75 MG-23 MG CAPSULE, 7.5 MG-46 MG CAPSULE, 11.25 MG-69 MG CAPSULE, 15 MG-92 MG CAPSULE) | 3    | QL                        | PA |    |
| RADICAVA ORS (105 MG/5 ML SUSP, STARTER KIT SUSP)                                                 | 3    | QL                        | PA | MS |
| RELYVRIO                                                                                          | 3    | QL                        | PA | MS |
| riluzole                                                                                          | 1    |                           |    |    |
| tetrabenazine (12.5 mg tablet, 25 mg tablet)                                                      | 1    | QL                        | PA | MS |
| zebutal                                                                                           | 1    |                           |    |    |
| FIBROMYALGIA AGENTS                                                                               |      |                           |    |    |
| duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 60 mg capsule dr)                             | 1    | QL                        |    |    |
| duloxetine hcl 40 mg capsule dr                                                                   | 1    | QL                        | PA |    |

| PRODUCT DESCRIPTION                                                                                                                             | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|--|
| <i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule, 225 mg capsule, 300 mg capsule)</i> | 1    |                           |    |    |  |
| <i>pregabalin 20 mg/ml solution</i>                                                                                                             | 1    | QL                        |    |    |  |
| SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)                                                             | 3    | QL                        | ST |    |  |
| MULTIPLE SCLEROSIS AGENTS                                                                                                                       |      |                           |    |    |  |
| AUBAGIO                                                                                                                                         | 3    | QL                        | ST | MS |  |
| AVONEX                                                                                                                                          | 2    | QL                        | MS |    |  |
| <i>baclofen 25 mg/5 ml oral susp</i>                                                                                                            | 1    | QL                        | PA |    |  |
| BETASERON                                                                                                                                       | 3    | QL                        | MS |    |  |
| COPAXONE (20 MG/ML SYRINGE, 40 MG/ML SYRINGE)                                                                                                   | 2    | QL                        | MS |    |  |
| <i>dalfampridine</i>                                                                                                                            | 1    | QL                        | MS |    |  |
| <i>dimethyl fumarate</i>                                                                                                                        | 1    | QL                        | MS |    |  |
| EXTAVIA                                                                                                                                         | 2    | MS                        |    |    |  |
| <i>fingolimod hcl</i>                                                                                                                           | 1    | QL                        | MS |    |  |
| FLEQSUVY                                                                                                                                        | 3    | QL                        | PA |    |  |
| GILENYA                                                                                                                                         | 2    | QL                        | MS |    |  |
| <i>glatiramer acetate (20 mg/ml syringe, 40 mg/ml syringe)</i>                                                                                  | 1    | QL                        | MS |    |  |
| <i>glatopa (20 mg/ml syringe, 40 mg/ml syringe)</i>                                                                                             | 1    | QL                        | MS |    |  |
| KESIMPTA PEN                                                                                                                                    | 2    | QL                        | MS |    |  |
| MAYZENT (0.25 MG TABLET, 0.25MG START-1MG MAINT, 0.25MG START-2MG MAINT, 1 MG TABLET, 2 MG TABLET)                                              | 2    | QL                        | MS |    |  |
| PLEGRIDY                                                                                                                                        | 2    | QL                        | MS |    |  |
| PLEGRIDY PEN                                                                                                                                    | 2    | QL                        | MS |    |  |
| REBIF                                                                                                                                           | 2    | QL                        | MS |    |  |
| <i>teriflunomide 7 mg tablet</i>                                                                                                                | 1    | QL                        | ST | MS |  |
| TYSABRI                                                                                                                                         | 3    | QL                        | MS |    |  |
| ZEPOSIA (0.92 MG CAPSULE, STARTER KIT (28-DAY), STARTER KIT (37-DAY), STARTER PACK (7-DAY))                                                     | 2    | QL                        | PA | MS |  |
| DENTAL AND ORAL AGENTS                                                                                                                          |      |                           |    |    |  |
| <i>cevimeline hcl</i>                                                                                                                           | 1    |                           |    |    |  |
| <i>chlorhexidine gluconate 0.12 % mouthwash</i>                                                                                                 | 1    |                           |    |    |  |

| PRODUCT DESCRIPTION                                                                                                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>denta 5000 plus</i>                                                                                                                                                                  | 1    |                           |
| <i>denta 5000 plus sensitive</i>                                                                                                                                                        | 1    |                           |
| <i>dentagel</i>                                                                                                                                                                         | 1    |                           |
| <i>fluoride (sodium) (0.2 % solution, 1.1 % cream (g), 1.1 % gel (gram), 1.1 % paste (ml))</i>                                                                                          | 1    |                           |
| <i>oralone</i>                                                                                                                                                                          | 1    |                           |
| <i>paroex</i>                                                                                                                                                                           | 1    |                           |
| <i>periogard</i>                                                                                                                                                                        | 1    |                           |
| <i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>                                                                                                                                     | 1    |                           |
| PREVIDENT KIDS                                                                                                                                                                          | 3    |                           |
| <i>sf</i>                                                                                                                                                                               | 1    |                           |
| <i>sf 5000 plus</i>                                                                                                                                                                     | 1    |                           |
| <i>sodium fluoride 5000 dry mouth</i>                                                                                                                                                   | 1    |                           |
| <i>sodium fluoride 5000 plus</i>                                                                                                                                                        | 1    |                           |
| <i>sodium fluoride/potassium nitrate</i>                                                                                                                                                | 1    |                           |
| <i>triamcinolone acetonide 0.1 % paste (g)</i>                                                                                                                                          | 1    |                           |
| DERMATOLOGICAL AGENTS                                                                                                                                                                   |      |                           |
| ACNE AND ROSACEA AGENTS                                                                                                                                                                 |      |                           |
| <i>acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)</i>                                                                                                                        | 1    | QL                        |
| <i>adapalene/benzoyl peroxide 0.1 %-2.5% gel w/pump</i>                                                                                                                                 | 1    | QL                        |
| <i>amnesteem</i>                                                                                                                                                                        | 1    |                           |
| <i>avita</i>                                                                                                                                                                            | 1    |                           |
| AZELEX                                                                                                                                                                                  | 3    |                           |
| <i>brimonidine tartrate 0.33 % gel w/pump</i>                                                                                                                                           | 1    | PA                        |
| <i>claravis</i>                                                                                                                                                                         | 1    |                           |
| <i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 %-5 % gel (gram), phos/benzoyl 1 %-5 % gel w/pump, phos/benzoyl 1.2%-2.5% gel w/pump, phos/benzoyl 1.2(1)%-5% gel (gram))</i> | 1    | QL                        |
| <i>clindamycin phosphate/tretinoin</i>                                                                                                                                                  | 1    |                           |
| CLINDAVIX                                                                                                                                                                               | 3    | PA                        |
| <i>erythromycin base/benzoyl peroxide</i>                                                                                                                                               | 1    |                           |
| <i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>                                                                                                        | 1    |                           |
| <i>isotretinoin (25 mg capsule, 35 mg capsule)</i>                                                                                                                                      | 1    | PA                        |
| <i>myorisan</i>                                                                                                                                                                         | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                                         | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|---------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| neuac gel                                                                                                                                   | 1    |                           |    |
| ONEXTON GEL PUMP                                                                                                                            | 3    | QL                        | PA |
| tazarotene 0.1 % cream (g)                                                                                                                  | 1    |                           |    |
| tretinoin (0.01 % gel (gram), 0.025 % cream (g), 0.025 % gel (gram), 0.05 % cream (g), 0.05 % gel (gram), 0.1 % cream (g))                  | 1    |                           |    |
| tretinoin microspheres                                                                                                                      | 1    |                           |    |
| WINLEVI                                                                                                                                     | 3    | QL                        | PA |
| zenatane                                                                                                                                    | 1    |                           |    |
| DERMATITIS AND PRURITUS AGENTS                                                                                                              |      |                           |    |
| ala-cort                                                                                                                                    | 1    |                           |    |
| alclometasone dipropionate                                                                                                                  | 1    |                           |    |
| amcinonide (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))                                                                                 | 1    |                           |    |
| betamethasone dipropionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % lotion)                                                             | 1    |                           |    |
| betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % lotion, betamethasone/propylene 0.05 % oint. (g))               | 1    |                           |    |
| betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g), 0.12 % foam)                                                        | 1    |                           |    |
| clobetasol propionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % lotion, 0.05 % oint. (g), 0.05 % shampoo, 0.05 % solution, 0.05 % spray) | 1    |                           |    |
| clobetasol propionate/emoll 0.05 % cream (g)                                                                                                | 1    |                           |    |
| clodan 0.05% shampoo                                                                                                                        | 1    |                           |    |
| CORDRAN 4 MCG/SQ CM TAPE LARGE                                                                                                              | 3    | QL                        |    |
| desonide (0.05 % cream (g), 0.05 % lotion, 0.05 % oint. (g))                                                                                | 1    |                           |    |
| desoximetasone (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.25 % cream (g), 0.25 % oint. (g))                                  | 1    |                           |    |
| EUCRISA                                                                                                                                     | 2    | QL                        | ST |
| fluocinolone acetonide (0.01 % cream (g), 0.01 % oil, 0.01 % solution, 0.025 % oint. (g))                                                   | 1    |                           |    |
| fluocinolone acetonide/shower cap                                                                                                           | 1    |                           |    |
| fluocinonide (0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution, 0.1 % cream (g))                                                        | 1    |                           |    |
| fluocinonide/emollient base                                                                                                                 | 1    |                           |    |
| flurandrenolide (0.05 % cream (g), 0.05 % lotion, 0.05 % oint. (g))                                                                         | 1    |                           |    |
| fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g), 0.05 % lotion)                                                                 | 1    |                           |    |
| halobetasol propionate (0.05 % cream (g), 0.05 % oint. (g))                                                                                 | 1    |                           |    |
| hydrocortisone (1 % cream (g), 1 % crm/pe app, 1 % oint. (g), 2.5 % cream (g), 2.5 % crm/pe app, 2.5 % lotion, 2.5 % oint. (g))             | 1    |                           |    |
| hydrocortisone butyrate (0.1 % oint. (g), 0.1 % solution)                                                                                   | 1    |                           |    |
| hydrocortisone butyrate/emoll 0.1 % cream (g)                                                                                               | 1    |                           |    |

| PRODUCT DESCRIPTION                                                                                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|
| <i>hydrocortisone valerate</i>                                                                                                                                          | 1    |                           |    |    |
| <i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>                                                                                            | 1    |                           |    |    |
| <i>nolix 0.05% cream</i>                                                                                                                                                | 1    |                           |    |    |
| <i>pimecrolimus</i>                                                                                                                                                     | 1    | QL                        |    |    |
| <i>prednicarbate</i>                                                                                                                                                    | 1    |                           |    |    |
| <i>procto-med hc</i>                                                                                                                                                    | 1    |                           |    |    |
| <i>procto-pak</i>                                                                                                                                                       | 1    |                           |    |    |
| <i>proctosol-hc</i>                                                                                                                                                     | 1    |                           |    |    |
| <i>proctozone-hc</i>                                                                                                                                                    | 1    |                           |    |    |
| <i>selenium sulfide 2.5 % lotion</i>                                                                                                                                    | 1    |                           |    |    |
| <i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>                                                                                                                   | 1    | QL                        |    |    |
| <i>triamcinolone acetonide (0.025 % cream (g), 0.025 % lotion, 0.025 % oint. (g), 0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g), 0.5 % cream (g), 0.5 % oint. (g))</i> | 1    |                           |    |    |
| <i>triamcinolone acetonide 0.147mg/g aerosol</i>                                                                                                                        | 1    | QL                        |    |    |
| <i>triderm</i>                                                                                                                                                          | 1    |                           |    |    |
| SKYRIZI 150 MG/ML SYRINGE                                                                                                                                               | 2    | QL                        | PA | MS |
| SKYRIZI PEN                                                                                                                                                             | 2    | QL                        | PA | MS |
| DERMATOLOGICAL AGENTS, OTHER                                                                                                                                            |      |                           |    |    |
| <i>calcipotriene (0.005 % cream (g), 0.005 % oint. (g), 0.005 % solution)</i>                                                                                           | 1    | QL                        |    |    |
| <i>calcipotriene/betamethasone dipropionate</i>                                                                                                                         | 1    | QL                        |    |    |
| <i>calcitriol 3 mcg/g oint. (g)</i>                                                                                                                                     | 1    | QL                        |    |    |
| CARAC                                                                                                                                                                   | 3    | PA                        |    |    |
| <i>clotrimazole/betamethasone dipropionate (clotrimazole/betamethasone 1 % cream (g), clotrimazole/betamethasone 1 % lotion)</i>                                        | 1    |                           |    |    |
| <i>diclofenac sodium 3 % gel (gram)</i>                                                                                                                                 | 1    | QL                        | PA |    |
| DRYSOL                                                                                                                                                                  | 3    |                           |    |    |
| ENSTILAR                                                                                                                                                                | 3    | QL                        | PA |    |
| <i>fluorouracil (2 % solution, 5 % cream (g), 5 % solution)</i>                                                                                                         | 1    |                           |    |    |
| <i>fluorouracil 0.5% cream</i>                                                                                                                                          | 3    | PA                        |    |    |
| <i>hydrocortisone acetate/lidocaine hcl/aloe vera (hydrocortisone/lidocaine/aloe 0.55%-2.8% gel w/appl, hydrocortisone/lidocaine/aloe 2.5-3%(7g) kit)</i>               | 1    |                           |    |    |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                        | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>hydrocortisone acetate/pramoxine hcl (hydrocortisone/pramoxine 1 %-1 % cream/appl, hydrocortisone/pramoxine 2.5 %-1 % cream (g), hydrocortisone/pramoxine 2.5-1%(4g) cream/appl)</i>                                                                                    | 1    |                           |
| <i>imiquimod 5 % cream pack</i>                                                                                                                                                                                                                                            | 1    |                           |
| KLISYRI                                                                                                                                                                                                                                                                    | 3    | QL PA                     |
| <i>lidocaine hcl/hydrocortisone acetate (lidocaine/hydrocortisone 3 %-0.5 % cream (g), lidocaine/hydrocortisone 3 %-0.5 % cream/appl, lidocaine/hydrocortisone 3 %-0.5 % kit, lidocaine/hydrocortisone 3%-1%(7 g) kit, lidocaine/hydrocortisone 3-2.5%(7g) gel w/appl)</i> | 1    |                           |
| LITFULO                                                                                                                                                                                                                                                                    | 3    | QL PA                     |
| <i>methoxsalen 10 mg cap lq rap</i>                                                                                                                                                                                                                                        | 1    |                           |
| NUDICLO SOLUPAK                                                                                                                                                                                                                                                            | 3    | PA                        |
| <i>nystatin/triamcinolone acetoneide</i>                                                                                                                                                                                                                                   | 1    |                           |
| OTEZLA 30 MG TABLET                                                                                                                                                                                                                                                        | 2    | QL PA MS                  |
| PENNSAICIN                                                                                                                                                                                                                                                                 | 3    | PA                        |
| <i>podofilox 0.5 % solution</i>                                                                                                                                                                                                                                            | 1    |                           |
| REGRANEX                                                                                                                                                                                                                                                                   | 3    | QL                        |
| <i>rosadan (cream, gel)</i>                                                                                                                                                                                                                                                | 1    |                           |
| SANTYL                                                                                                                                                                                                                                                                     | 3    | QL                        |
| <i>selenium sulfide 2.25 % shampoo</i>                                                                                                                                                                                                                                     | 1    |                           |
| <i>silver sulfadiazine</i>                                                                                                                                                                                                                                                 | 1    |                           |
| SKYRIZI 75 MG/0.83 ML SYRINGE                                                                                                                                                                                                                                              | 2    | QL PA MS                  |
| SOLARAZE                                                                                                                                                                                                                                                                   | 3    | QL PA                     |
| SPINOSAD                                                                                                                                                                                                                                                                   | 3    |                           |
| <i>ssd</i>                                                                                                                                                                                                                                                                 | 1    |                           |
| TOLAK                                                                                                                                                                                                                                                                      | 2    |                           |
| <i>tretinoin/emollient base</i>                                                                                                                                                                                                                                            | 1    | PA                        |
| <i>tri-chlor</i>                                                                                                                                                                                                                                                           | 1    |                           |
| WYNZORA                                                                                                                                                                                                                                                                    | 3    | QL PA                     |
| XERESE                                                                                                                                                                                                                                                                     | 3    | QL ST                     |
| PEDICULICIDES/SCABICIDES                                                                                                                                                                                                                                                   |      |                           |
| EURAX                                                                                                                                                                                                                                                                      | 3    | QL                        |
| <i>ivermectin 0.5 % lotion</i>                                                                                                                                                                                                                                             | 1    |                           |

| PRODUCT DESCRIPTION                                                                                       | TIER | LIMITS/RESTRICTIONS/NOTES |                                  |
|-----------------------------------------------------------------------------------------------------------|------|---------------------------|----------------------------------|
| <i>lindane</i>                                                                                            | 1    | QL                        |                                  |
| <i>malathion</i>                                                                                          | 1    |                           |                                  |
| <i>permethrin</i>                                                                                         | 1    |                           |                                  |
| TOPICAL ANTI-INFECTIVES                                                                                   |      |                           |                                  |
| <i>acyclovir 5 % oint. (g)</i>                                                                            | 1    | QL                        |                                  |
| ALTABAX                                                                                                   | 3    |                           |                                  |
| <i>ciclodan 0.77% cream</i>                                                                               | 1    |                           |                                  |
| <i>ciclodan 8% solution</i>                                                                               | 1    | QL                        |                                  |
| <i>ciclopirox (0.77 % gel (gram), 1 % shampoo)</i>                                                        | 1    |                           |                                  |
| <i>ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)</i>                                           | 1    |                           |                                  |
| <i>clindamycin phosphate (1 % lotion, 1 % solution)</i>                                                   | 1    |                           |                                  |
| <i>dapsone 5 % gel (gram)</i>                                                                             | 1    | QL                        |                                  |
| <i>ery</i>                                                                                                | 1    |                           |                                  |
| <i>erythromycin base in ethanol (in 2 % gel (gram), in 2 % solution)</i>                                  | 1    |                           |                                  |
| KERYDIN                                                                                                   | 3    | QL                        | PA                               |
| SULFAMYLON 8.5% CREAM                                                                                     | 3    |                           |                                  |
| <i>tavaborole</i>                                                                                         | 1    | QL                        | PA                               |
| XEPI                                                                                                      | 3    | QL                        |                                  |
| ELECTROLYTES/MINERALS/METALS/VITAMINS                                                                     |      |                           |                                  |
| ELECTROLYTE/MINERAL REPLACEMENT                                                                           |      |                           |                                  |
| ACCRUFER                                                                                                  | 3    | QL                        | PA                               |
| <i>carglumic acid</i>                                                                                     | 1    | PA                        |                                  |
| <i>fluoride (sodium) (0.25(0.55) tab chew, 0.5 mg/ml drops, 0.5(1.1)mg tab chew, 1mg(2.2mg) tab chew)</i> | 1    | C                         | Covered in full age 16 and under |
| JUVEN                                                                                                     | 3    | PA                        |                                  |
| <i>klor-con</i>                                                                                           | 1    |                           |                                  |
| <i>klor-con 10</i>                                                                                        | 1    |                           |                                  |
| <i>klor-con 8</i>                                                                                         | 1    |                           |                                  |
| <i>klor-con m10</i>                                                                                       | 1    |                           |                                  |
| <i>klor-con m15</i>                                                                                       | 1    |                           |                                  |
| <i>klor-con m20</i>                                                                                       | 1    |                           |                                  |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                | TIER | LIMITS/RESTRICTIONS/NOTES |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----------------------------------|
| <i>klor-con sprinkle er 8 meq cap</i>                                                                                                                                                                                              | 1    |                           |                                  |
| <i>levocarnitine 330 mg tablet</i>                                                                                                                                                                                                 | 1    |                           |                                  |
| <i>ludent fluoride</i>                                                                                                                                                                                                             | 1    | C                         | Covered in full age 16 and under |
| PEDIASURE HARVEST                                                                                                                                                                                                                  | 3    | PA                        |                                  |
| <i>potassium chloride (8 meq capsule er, 8 meq tablet er, 10 meq capsule er, 10 meq tab er prt, 10 meq tablet er, 15 meq tab er prt, 20 meq packet, 20 meq tab er prt, 20 meq tablet er, 20meq/15ml liquid, 40meq/15ml liquid)</i> | 1    |                           |                                  |
| <i>potassium citrate (5 tablet er, 10 tablet er, 15 tablet er)</i>                                                                                                                                                                 | 1    |                           |                                  |
| ELECTROLYTE/MINERAL/METAL MODIFIERS                                                                                                                                                                                                |      |                           |                                  |
| CHEMET                                                                                                                                                                                                                             | 3    |                           |                                  |
| <i>deferasirox (90 mg tablet, 125 mg tab disper, 180 mg tablet, 250 mg tab disper, 360 mg tablet, 500 mg tab disper)</i>                                                                                                           | 1    | MS                        |                                  |
| JYNARQUE (15 MG TABLET, 15 MG-15 MG TABLET, 30 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)                                                                                          | 3    | QL                        | PA                               |
| <i>tolvaptan</i>                                                                                                                                                                                                                   | 1    | QL                        | MS                               |
| <i>trientine hcl 250 mg capsule</i>                                                                                                                                                                                                | 1    | PA                        |                                  |
| PHOSPHATE BINDERS                                                                                                                                                                                                                  |      |                           |                                  |
| <i>calcium acetate</i>                                                                                                                                                                                                             | 1    |                           |                                  |
| <i>lanthanum carbonate (500 mg tab chew, 750 mg tab chew, 1000 mg tab chew)</i>                                                                                                                                                    | 1    | QL                        |                                  |
| PHOSLYRA                                                                                                                                                                                                                           | 3    |                           |                                  |
| <i>sevelamer carbonate (2.4 g powd pack, 800 mg tablet)</i>                                                                                                                                                                        | 1    |                           |                                  |
| <i>sevelamer carbonate 0.8 g powd pack</i>                                                                                                                                                                                         | 1    | QL                        |                                  |
| <i>sevelamer hcl</i>                                                                                                                                                                                                               | 1    |                           |                                  |
| VELPHORO                                                                                                                                                                                                                           | 3    | QL                        |                                  |
| POTASSIUM BINDERS                                                                                                                                                                                                                  |      |                           |                                  |
| <i>kionex</i>                                                                                                                                                                                                                      | 1    |                           |                                  |
| LOKELMA (5 POWDER PACKET, 10 POWDER PACKET)                                                                                                                                                                                        | 2    | QL                        |                                  |
| <i>sodium polystyrene sulfonate</i>                                                                                                                                                                                                | 1    |                           |                                  |
| <i>sps</i>                                                                                                                                                                                                                         | 1    |                           |                                  |
| VELTASSA                                                                                                                                                                                                                           | 2    |                           |                                  |
| VITAMINS                                                                                                                                                                                                                           |      |                           |                                  |
| ACERFLEX                                                                                                                                                                                                                           | 3    | PA                        |                                  |
| ALFAMINO INFANT                                                                                                                                                                                                                    | 3    | PA                        |                                  |

| PRODUCT DESCRIPTION                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------------------------------------------------|------|---------------------------|
| ALFAMINO JUNIOR                                                                                         | 3    | PA                        |
| AMINO ACIDS/WHEY PROTEIN CONCENTRATE AND ISOLATE (AC/WHEY 20G-140/39 POWDER, AC/WHEY 26G-150/39 POWDER) | 3    | PA                        |
| BABY'S ONLY ORG LACTORELIEF                                                                             | 3    | PA                        |
| BABY'S ONLY ORGANIC DAIRY                                                                               | 3    | PA                        |
| BABY'S ONLY ORGANIC DAIRY DHA                                                                           | 3    | PA                        |
| BABY'S ONLY ORGANIC SOY                                                                                 | 3    | PA                        |
| <i>bal-care dha</i>                                                                                     | 1    |                           |
| BCAD 1                                                                                                  | 3    | PA                        |
| BENECALORIE                                                                                             | 3    | PA                        |
| BENEPROTEIN (POWDER, POWDER PACKET)                                                                     | 3    | PA                        |
| BOOST (LIQUID, PUDDING)                                                                                 | 3    | PA                        |
| BOOST BREEZE                                                                                            | 3    | PA                        |
| BOOST GLUCOSE CONTROL                                                                                   | 3    | PA                        |
| BOOST HIGH PROTEIN (ENERGY DRNK, LIQUID)                                                                | 3    | PA                        |
| BOOST KID ESSENTIALS                                                                                    | 3    | PA                        |
| BOOST KID ESSENTIALS-FIBER                                                                              | 3    | PA                        |
| BOOST PLUS                                                                                              | 3    | PA                        |
| BOOST SOOTHE                                                                                            | 3    | PA                        |
| BOOST VHC                                                                                               | 3    | PA                        |
| BRIGHT BEGINNINGS SOY                                                                                   | 3    | PA                        |
| <i>c-nate dha</i>                                                                                       | 1    |                           |
| CALCILO XD                                                                                              | 3    | PA                        |
| CHILDREN'S DIARESQ                                                                                      | 3    | PA                        |
| CITRANATAL MEDLEY                                                                                       | 3    |                           |
| CITRULLINE POWDER                                                                                       | 3    | PA                        |
| CITRULLINE 1000                                                                                         | 3    | PA                        |
| CITRULLINE 200                                                                                          | 3    | PA                        |
| COMPLEAT                                                                                                | 3    | PA                        |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |
|------------------------------------------------------|------|---------------------------|----|----|
| COMPLEAT ORGANIC BLEND CHICKEN                       | 3    | PA                        |    |    |
| COMPLEAT ORGANIC BLENDS PLANT                        | 3    | PA                        |    |    |
| COMPLEAT PED ORG BLEND CHICKEN                       | 3    | PA                        |    |    |
| COMPLEAT PED ORG BLENDS PLANT                        | 3    | PA                        |    |    |
| COMPLEAT PEDIATRIC 1 CAL LIQ                         | 3    | PA                        |    |    |
| COMPLEAT PEDIATRIC REDUCED CAL                       | 3    | PA                        |    |    |
| COMPLETE AMINO ACID MIX                              | 3    | PA                        |    |    |
| <i>complete natal dha</i>                            | 1    |                           |    |    |
| <i>completenate</i>                                  | 1    |                           |    |    |
| COMPLEX JUNIOR MSD                                   | 3    | PA                        |    |    |
| COMPLEX MSD                                          | 3    | PA                        |    |    |
| COMPLEX MSD ESSENTIAL                                | 3    | PA                        |    |    |
| CREATINE MONOHYDRATE                                 | 3    | PA                        |    |    |
| <i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial</i> | 1    |                           |    |    |
| CYCLINEX-1                                           | 3    | PA                        |    |    |
| CYCLINEX-2                                           | 3    | PA                        |    |    |
| CYSTINE                                              | 3    | PA                        |    |    |
| CYTO CARN                                            | 3    | PA                        |    |    |
| CYTO RALA                                            | 3    | PA                        |    |    |
| CYTO-Q MAX                                           | 3    | PA                        |    |    |
| CYTO-Q T-F                                           | 3    | PA                        |    |    |
| CYTOLLINE                                            | 3    | PA                        |    |    |
| CYTOTINE 1.5 G/15 ML LIQUID                          | 3    | PA                        |    |    |
| DIABETISOURCE AC                                     | 3    | PA                        |    |    |
| DIARESQ                                              | 3    | PA                        |    |    |
| DOJOLVI                                              | 3    | QL                        | PA | MS |
| DUOCAL                                               | 3    | PA                        |    |    |
| EAA                                                  | 3    | PA                        |    |    |

| PRODUCT DESCRIPTION                                         | TIER | LIMITS/RESTRICTIONS/NOTES |
|-------------------------------------------------------------|------|---------------------------|
| <i>effer-k 25 meq tablet eff</i>                            | 1    |                           |
| EGG-PRO                                                     | 3    | PA                        |
| ELECARE                                                     | 3    | PA                        |
| ELECARE JR                                                  | 3    | PA                        |
| ENFAGROW NEUROPRO TODDLR NOGMO                              | 3    | PA                        |
| ENFAGROW TODDLER NEXT STEP                                  | 3    | PA                        |
| ENFAGROW TODDLER TRANSITIONS                                | 3    | PA                        |
| ENFAGROW TODLR NXT STP NON-GMO                              | 3    | PA                        |
| ENFAMIL 24                                                  | 3    | PA                        |
| ENFAMIL 5% GLUCOSE IN WATER                                 | 3    |                           |
| ENFAMIL A.R. (LIQUID, POWDER)                               | 3    | PA                        |
| ENFAMIL ENFACARE (LIQUID, POWDER)                           | 3    | PA                        |
| ENFAMIL ENSPIRE INFANT FORMULA                              | 3    | PA                        |
| ENFAMIL FOR SUPPLEMENTING (FOR LIQ, NURSETTE, POWDER)       | 3    | PA                        |
| ENFAMIL GENTLEASE (LIQUID, POWDER)                          | 3    | PA                        |
| ENFAMIL GENTLEASE NON-GMO                                   | 3    | PA                        |
| ENFAMIL HUMAN MILK FORTIFIER (LIQ VL, PWD PK)               | 3    | PA                        |
| ENFAMIL INFANT (LIQUID, LIQUID CONC, POWDER, POWDER PACKET) | 3    | PA                        |
| ENFAMIL INFANT NON-GMO                                      | 3    | PA                        |
| ENFAMIL NEURO GENTLEASE NONGMO                              | 3    | PA                        |
| ENFAMIL NEUROPRO NON-GMO LIQ                                | 3    | PA                        |
| ENFAMIL NEWBORN (LIQUID, POWDER)                            | 3    | PA                        |
| ENFAMIL NEWBORN NON-GMO                                     | 3    | PA                        |
| ENFAMIL PREMATURE                                           | 3    | PA                        |
| ENFAMIL PROSOBEE (LIQUID, POWDER)                           | 3    | PA                        |
| ENFAMIL PROSOBEE LIPIL                                      | 3    | PA                        |
| ENFAMIL REGULINE (LIQUID, POWDER)                           | 3    | PA                        |
| ENFAPORT                                                    | 3    | PA                        |

| PRODUCT DESCRIPTION                                                                    | TIER | LIMITS/RESTRICTIONS/NOTES          |
|----------------------------------------------------------------------------------------|------|------------------------------------|
| ENSURE                                                                                 | 3    | PA                                 |
| ENSURE ACTIVE HEART HEALTH                                                             | 3    | PA                                 |
| ENSURE ACTIVE HIGH PROTEIN                                                             | 3    | PA                                 |
| ENSURE ACTIVE LIGHT                                                                    | 3    | PA                                 |
| ENSURE ACTIVE MUSCLE HEALTH                                                            | 3    | PA                                 |
| ENSURE ACTIVE PROTEIN-MUSCLE                                                           | 3    | PA                                 |
| ENSURE CLEAR                                                                           | 3    | PA                                 |
| ENSURE CLEAR THERAPEUTIC                                                               | 3    | PA                                 |
| ENSURE COMPACT                                                                         | 3    | PA                                 |
| ENSURE ENLIVE                                                                          | 3    | PA                                 |
| ENSURE HIGH PROTEIN (LIQUID, POWDER)                                                   | 3    | PA                                 |
| ENSURE LIQUID                                                                          | 3    | PA                                 |
| ENSURE MAX PROTEIN                                                                     | 3    | PA                                 |
| ENSURE MUSCLE HEALTH                                                                   | 3    | PA                                 |
| ENSURE ORIGINAL (LIQUID, POWDER)                                                       | 3    | PA                                 |
| ENSURE PLUS                                                                            | 3    | PA                                 |
| ENSURE POWDER                                                                          | 3    | PA                                 |
| ENSURE PRE-SURGERY                                                                     | 3    | PA                                 |
| ENSURE SURGERY                                                                         | 3    | PA                                 |
| ENTERAL FORMULA REQUIRES PRIOR AUTHORIZATION. BRANDS ARE TIER 3 & GENERICS ARE TIER 1. | 3    | PA                                 |
| EO28 SPLASH                                                                            | 3    | PA                                 |
| ESSENTIAL AMINO ACID MIX                                                               | 3    | PA                                 |
| FIBERSOURCE HN                                                                         | 3    | PA                                 |
| FLORIVA 0.25 MG/ML DROPS                                                               | 3    | C Covered in full age 16 and under |
| <i>fluocinolone acetonide 0.025 % cream (g)</i>                                        | 1    |                                    |
| <i>folic acid (0.4 mg tablet, 0.8 mg tablet)</i>                                       | 1    | QL<br>C Covered in full age 11+    |
| <i>folic acid 1 mg tablet</i>                                                          | 1    |                                    |

| PRODUCT DESCRIPTION                    | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------|------|---------------------------|
| <i>folivane-ob</i>                     | 1    |                           |
| FRUITIVITS                             | 3    | PA                        |
| G-PREPROTEIN                           | 3    | PA                        |
| GA                                     | 3    | PA                        |
| GA EXPRESS 15                          | 3    | PA                        |
| GA GEL                                 | 3    | PA                        |
| GA-1 ANAMIX EARLY YEARS                | 3    | PA                        |
| GERBER EXTENSIVE HA                    | 3    | PA                        |
| GERBER GOOD START GENTLEPRO LQ         | 3    | PA                        |
| GERBER GOOD START GROW NON-GMO         | 3    | PA                        |
| GERBER GOOD START SOY (LIQUID, POWDER) | 3    | PA                        |
| GERBER GOOD START SOY 2 NONGMO         | 3    | PA                        |
| GERBER GOOD START SOY NO-GMO           | 3    | PA                        |
| GLUCERNA (, SNACK)                     | 3    | PA                        |
| GLUCERNA 1 CAL                         | 3    | PA                        |
| GLUCERNA 1.2 CAL                       | 3    | PA                        |
| GLUCERNA 1.5 CAL                       | 3    | PA                        |
| GLUCERNA ADVANCE                       | 3    | PA                        |
| GLUCERNA HUNGER SMART                  | 3    | PA                        |
| GLUCERNA THERAPEUTIC NUTRITION         | 3    | PA                        |
| GLUCO BURST DIABETIC DRINK             | 3    | PA                        |
| GLUTAMENT                              | 3    | PA                        |
| GLUTARADE GA-1                         | 3    | PA                        |
| GLUTARADE JUNIOR GA-1                  | 3    | PA                        |
| GLUTAREX-1                             | 3    | PA                        |
| GLUTAREX-2                             | 3    | PA                        |
| GLUTASOLVE                             | 3    | PA                        |

| PRODUCT DESCRIPTION                           | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------------|------|---------------------------|
| GLUTOL                                        | 3    |                           |
| GLYCOSADE (60 G POWDER PACKET, POWDER PACKET) | 3    | PA                        |
| GLYTACTIN 20PE BETTERMILK LITE                | 3    | PA                        |
| GLYTACTIN RESTORE 10 PE                       | 3    | PA                        |
| GLYTACTIN RESTORE 10 PE LITE                  | 3    | PA                        |
| GLYTACTIN RESTORE 5 PE                        | 3    | PA                        |
| GLYTACTIN RTD 10 PE                           | 3    | PA                        |
| GLYTACTIN RTD 15 PE                           | 3    | PA                        |
| GLYTACTIN RTD LITE 15                         | 3    | PA                        |
| GLYTACTIN SWIRL 15 PE                         | 3    | PA                        |
| GLYTROL                                       | 3    | PA                        |
| HCU ANAMIX EARLY YEARS                        | 3    | PA                        |
| HCU ANAMIX NEXT                               | 3    | PA                        |
| HCU COOLER                                    | 3    | PA                        |
| HCU EASY                                      | 3    | PA                        |
| HCU EXPRESS POWDER                            | 3    | PA                        |
| HCU EXPRESS20                                 | 3    | PA                        |
| HCU GEL                                       | 3    | PA                        |
| HCU LOPHLEX                                   | 3    | PA                        |
| HCU MAXAMUM                                   | 3    | PA                        |
| HCY 1                                         | 3    | PA                        |
| HEPAMENT                                      | 3    | PA                        |
| HI-CAL LIQUID                                 | 3    | PA                        |
| HIGH-PROTEIN NUTRITIONAL SHAKE                | 3    | PA                        |
| HOMINEX-1                                     | 3    | PA                        |
| I-VALEX-1                                     | 3    | PA                        |
| I-VALEX-2                                     | 3    | PA                        |

| PRODUCT DESCRIPTION                                                                       | TIER | LIMITS/RESTRICTIONS/NOTES |
|-------------------------------------------------------------------------------------------|------|---------------------------|
| IMMULIFE                                                                                  | 3    | PA                        |
| IMPACT 1 CAL                                                                              | 3    | PA                        |
| IMPACT ADVANCED RECOVERY                                                                  | 3    | PA                        |
| IMPACT PEPTIDE 1.5 CAL                                                                    | 3    | PA                        |
| INFANT FORMULA WITH IRON                                                                  | 3    | PA                        |
| ISOLEUCINE SUPPLEMENT IN CARBOHYDRATE BASE (IN 1 G/4 G POWD PACK, IN 50 MG/4 G POWD PACK) | 3    | PA                        |
| ISOMIL                                                                                    | 3    | PA                        |
| ISOMIL ADVANCE                                                                            | 3    | PA                        |
| ISOMIL DF                                                                                 | 3    | PA                        |
| ISOSOURCE 1.5 CAL                                                                         | 3    | PA                        |
| ISOSOURCE 1.5 CAL TUBE FEED                                                               | 3    | PA                        |
| ISOSOURCE HN                                                                              | 3    | PA                        |
| IVA ANAMIX EARLY YEARS                                                                    | 3    | PA                        |
| IVA ANAMIX NEXT                                                                           | 3    | PA                        |
| IVA MAXAMUM                                                                               | 3    | PA                        |
| JEVITY 1 CAL                                                                              | 3    | PA                        |
| JEVITY 1.2 CAL                                                                            | 3    | PA                        |
| JEVITY 1.5 CAL                                                                            | 3    | PA                        |
| K-PAX                                                                                     | 3    | PA                        |
| K-PAX IMMUNE BOOSTER                                                                      | 3    | PA                        |
| KETOCAL 2.5:1                                                                             | 3    | PA                        |
| KETOCAL 3:1                                                                               | 3    | PA                        |
| KETOCAL 4:1 (LIQUID, MULTI FIBER LIQUID, POWDER)                                          | 3    | PA                        |
| KETONEX-1                                                                                 | 3    | PA                        |
| KETONEX-2                                                                                 | 3    | PA                        |
| KETOVIE 3:1                                                                               | 3    | PA                        |
| KETOVOLVE                                                                                 | 3    | PA                        |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS/RESTRICTIONS/NOTES |
|------------------------------------------------------|------|---------------------------|
| <i>klor-con sprinkle er 10 meq cp</i>                | 1    |                           |
| <i>klor-con-ef</i>                                   | 1    |                           |
| LANAFLEX                                             | 3    | PA                        |
| LEUCINE 0.1G-15/4G POWD PACK                         | 3    | PA                        |
| <i>levocarnitine (with sugar) 100 mg/ml solution</i> | 1    |                           |
| <i>levocarnitine 100 mg/ml solution</i>              | 1    |                           |
| LIPISTART                                            | 3    | PA                        |
| LIQUACEL LIQUID PROTEIN                              | 3    | PA                        |
| LIQUID PROTEIN FORTIFIER                             | 3    | PA                        |
| LMD                                                  | 3    | PA                        |
| LOPHLEX                                              | 3    | PA                        |
| LPS 15-30                                            | 3    | PA                        |
| LPS CRITICAL CARE                                    | 3    | PA                        |
| LPS NEUTRAL FLAVOR                                   | 3    | PA                        |
| MCT PRO-CAL                                          | 3    | PA                        |
| METHIONAID                                           | 3    | PA                        |
| METHIONINE SUPPLEMENT IN CARBOHYDRATE BASE           | 3    | PA                        |
| MMA-PA ANAMIX EARLY YEARS                            | 3    | PA                        |
| MMA-PA ANAMIX NEXT                                   | 3    | PA                        |
| MMA-PA COOLER15                                      | 3    | PA                        |
| MMA-PA MAXAMUM                                       | 3    | PA                        |
| MMA/PA GEL                                           | 3    | PA                        |
| MONOGEN                                              | 3    | PA                        |
| MSUD AID                                             | 3    | PA                        |
| MSUD ANALOG                                          | 3    | PA                        |
| MSUD ANAMIX EARLY YEARS                              | 3    | PA                        |
| MSUD COOLER                                          | 3    | PA                        |
| MSUD EXPRESS COOLER                                  | 3    | PA                        |

| PRODUCT DESCRIPTION            | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------|------|---------------------------|
| MSUD EXPRESS15                 | 3    | PA                        |
| MSUD EXPRESS20                 | 3    | PA                        |
| MSUD GEL                       | 3    | PA                        |
| MSUD LOPHLEX                   | 3    | PA                        |
| MSUD MAXAMAID                  | 3    | PA                        |
| MSUD MAXAMUM                   | 3    | PA                        |
| <i>mynatal</i>                 | 1    |                           |
| <i>mynatal plus</i>            | 1    |                           |
| <i>mynatal-z</i>               | 1    |                           |
| NEOCATE JUNIOR                 | 3    | PA                        |
| NEOCATE JUNIOR WITH PREBIOTICS | 3    | PA                        |
| NEOCATE NUTRA                  | 3    | PA                        |
| NEOCATE SPLASH                 | 3    | PA                        |
| NEOCATE SYNEO INFANT           | 3    | PA                        |
| NEOKE ALCAR                    | 3    | PA                        |
| NEPRO CARB STEADY              | 3    | PA                        |
| <i>newgen</i>                  | 1    |                           |
| NOVASOURCE RENAL 2 CAL         | 3    | PA                        |
| NUTRA-PRO                      | 3    | PA                        |
| NUTRAFIT                       | 3    | PA                        |
| NUTRAFIT PLUS                  | 3    | PA                        |
| NUTRAMIGEN DHA-ARA             | 3    | PA                        |
| NUTRAMIGEN ENFLORA-LGG         | 3    | PA                        |
| NUTRAMIGEN TODDLER ENFLORA-LGG | 3    | PA                        |
| NUTRAMINE                      | 3    | PA                        |
| NUTRASENTIALS                  | 3    | PA                        |
| NUTREN 1.0                     | 3    | PA                        |
| NUTREN 1.5                     | 3    | PA                        |

| PRODUCT DESCRIPTION                  | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------|------|---------------------------|
| NUTREN 2.0                           | 3    | PA                        |
| NUTREN FIBER 1 CAL                   | 3    | PA                        |
| NUTREN JUNIOR                        | 3    | PA                        |
| NUTREN JUNIOR FIBER                  | 3    | PA                        |
| NUTREN PULMONARY                     | 3    | PA                        |
| NUTRI-DRINK                          | 3    | PA                        |
| NUTRIHEP                             | 3    | PA                        |
| NUTRITIONAL DRINK                    | 3    | PA                        |
| NUTRITIONAL DRINK MIX                | 3    | PA                        |
| NUTRITIONAL DRINK PLUS               | 3    | PA                        |
| NUTRITIONAL SHAKE                    | 3    | PA                        |
| NUTRITIONAL SHAKE PLUS               | 3    | PA                        |
| OA 1                                 | 3    | PA                        |
| OA2                                  | 3    | PA                        |
| OPTISOURCE LIQUID                    | 3    | PA                        |
| OSMOLITE 1 CAL                       | 3    | PA                        |
| OSMOLITE 1.2 CAL                     | 3    | PA                        |
| OSMOLITE 1.5 CAL                     | 3    | PA                        |
| OVASITOL                             | 3    | PA                        |
| OXEPA                                | 3    | PA                        |
| PEDIASMART ORGANIC DAIRY             | 3    | PA                        |
| PEDIASMART ORGANIC SOY               | 3    | PA                        |
| PEDIASURE (LIQUID, SHAKE MIX POWDER) | 3    | PA                        |
| PEDIASURE 1.5                        | 3    | PA                        |
| PEDIASURE 1.5 WITH FIBER             | 3    | PA                        |
| PEDIASURE ENTERAL                    | 3    | PA                        |
| PEDIASURE ENTERAL WITH FIBER         | 3    | PA                        |

| PRODUCT DESCRIPTION                                         | TIER | LIMITS/RESTRICTIONS/NOTES          |
|-------------------------------------------------------------|------|------------------------------------|
| PEDIASURE GROW-GAIN LIQUID                                  | 3    | PA                                 |
| PEDIASURE PEPTIDE 1.0 CAL                                   | 3    | PA                                 |
| PEDIASURE PEPTIDE 1.5 CAL                                   | 3    | PA                                 |
| PEDIASURE SIDEKICKS (CLEAR LIQ, LIQUID)                     | 3    | PA                                 |
| PEDIASURE WITH FIBER                                        | 3    | PA                                 |
| PEDIATRIC BALANCED NUTRITION                                | 3    | PA                                 |
| PEDIATRIC DRINK WITH FIBER                                  | 3    | PA                                 |
| <i>pediatric multivit with a,c,d3 no.21/sodium fluoride</i> | 1    | C Covered in full age 16 and under |
| PEPTAMEN                                                    | 3    | PA                                 |
| PEPTAMEN 1.5                                                | 3    | PA                                 |
| PEPTAMEN 1.5 CAL WITH PREBIO1                               | 3    | PA                                 |
| PEPTAMEN AF                                                 | 3    | PA                                 |
| PEPTAMEN INTENSE VHP                                        | 3    | PA                                 |
| PEPTAMEN JUNIOR                                             | 3    | PA                                 |
| PEPTAMEN JUNIOR 1.5                                         | 3    | PA                                 |
| PEPTAMEN JUNIOR FIBER                                       | 3    | PA                                 |
| PEPTAMEN JUNIOR HP                                          | 3    | PA                                 |
| PEPTAMEN JUNIOR WITH PREBIO1                                | 3    | PA                                 |
| PEPTAMEN-PREBIO1                                            | 3    | PA                                 |
| PERATIVE                                                    | 3    | PA                                 |
| PERIFLEX ADVANCE                                            | 3    | PA                                 |
| PERIFLEX INFANT                                             | 3    | PA                                 |
| PERIFLEX JUNIOR                                             | 3    | PA                                 |
| PERIFLEX LQ PKU                                             | 3    | PA                                 |
| PFD 2                                                       | 3    | PA                                 |
| PFD TODDLER                                                 | 3    | PA                                 |
| PHENEX-1                                                    | 3    | PA                                 |

| PRODUCT DESCRIPTION                           | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------------|------|---------------------------|
| PHENEX-2                                      | 3    | PA                        |
| PHENYL-FREE 1                                 | 3    | PA                        |
| PHENYL-FREE 2                                 | 3    | PA                        |
| PHENYL-FREE 2HP                               | 3    | PA                        |
| PHENYLADE                                     | 3    | PA                        |
| PHENYLADE ESSENTIAL (DRINK POWD, POWD PKT)    | 3    | PA                        |
| PHENYLADE GMP (POWDER, POWDER PKT)            | 3    | PA                        |
| PHENYLADE GMP MIX-IN (POWDER, POWDR PKT)      | 3    | PA                        |
| PHENYLADE GMP READY                           | 3    | PA                        |
| PHENYLADE MTE                                 | 3    | PA                        |
| PHENYLADE PHEBLOC POWDER PKT                  | 3    | PA                        |
| PHENYLADE40                                   | 3    | PA                        |
| PHENYLADE60 (DRINK MIX POWDER, POWDER PACKET) | 3    | PA                        |
| PHENYLALANINE                                 | 3    | PA                        |
| PHLEXY-10 DRINK MIX POWDER                    | 3    | PA                        |
| PIVOT 1.5 CAL                                 | 3    | PA                        |
| PKU AIR20                                     | 3    | PA                        |
| PKU COOLER 10                                 | 3    | PA                        |
| PKU COOLER 15                                 | 3    | PA                        |
| PKU COOLER 20                                 | 3    | PA                        |
| PKU EXPRESS15                                 | 3    | PA                        |
| PKU EXPRESS20                                 | 3    | PA                        |
| PKU GEL                                       | 3    | PA                        |
| PKU LOPHLEX                                   | 3    | PA                        |
| PKU MAXAMUM                                   | 3    | PA                        |
| PKU PERIFLEX EARLY YEARS                      | 3    | PA                        |
| PKU PERIFLEX JUNIOR PLUS                      | 3    | PA                        |

| PRODUCT DESCRIPTION                                                 | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------------|------|---------------------------|
| PKU SPHERE20 POWDER PACKET                                          | 3    | PA                        |
| PKU TRIO                                                            | 3    | PA                        |
| <i>pnv-select</i>                                                   | 1    |                           |
| POLYCAL                                                             | 3    | PA                        |
| PORTAGEN                                                            | 3    | PA                        |
| <i>pr natal 400</i>                                                 | 1    |                           |
| <i>pr natal 400 ec</i>                                              | 1    |                           |
| <i>pr natal 430</i>                                                 | 1    |                           |
| <i>pr natal 430 ec</i>                                              | 1    |                           |
| PRE PROTEIN 20                                                      | 3    | PA                        |
| PRE-PROTEIN                                                         | 3    | PA                        |
| PREGESTIMIL (LIQUID, POWDER)                                        | 3    | PA                        |
| PREGNITUDE                                                          | 3    | PA                        |
| PREMIUM INFANT FORMULA                                              | 3    | PA                        |
| <i>prena1 chew</i>                                                  | 1    |                           |
| <i>prenatabs fa</i>                                                 | 1    |                           |
| <i>prenatabs rx</i>                                                 | 1    |                           |
| <i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i> | 1    |                           |
| <i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i>    | 1    |                           |
| PREOP                                                               | 3    | PA                        |
| <i>preplus</i>                                                      | 1    |                           |
| PRO-PHREE                                                           | 3    | PA                        |
| PRO-STAT AWC                                                        | 3    | PA                        |
| PRO-STAT MAX LIQUID                                                 | 3    | PA                        |
| PRO-STAT RENAL CARE                                                 | 3    | PA                        |
| PRO-STAT SUGAR FREE                                                 | 3    | PA                        |
| PROCEL (PROTEIN POWDER, SINGLES 5 G POWDER PACK)                    | 3    | PA                        |
| PRODUCT 3232A                                                       | 3    | PA                        |
| PROMOD                                                              | 3    | PA                        |

| PRODUCT DESCRIPTION                     | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------|------|---------------------------|
| PROMOTE                                 | 3    | PA                        |
| PROMOTE WITH FIBER                      | 3    | PA                        |
| PROPIMEX-1                              | 3    | PA                        |
| PROPIMEX-2                              | 3    | PA                        |
| PROSOURCE (LIQUID, POWDER, POWDER PACK) | 3    | PA                        |
| PROSOURCE NO CARB                       | 3    | PA                        |
| PROSOURCE PLUS                          | 3    | PA                        |
| PROSOURCE TF                            | 3    | PA                        |
| PROSYNMINIC                             | 3    | PA                        |
| PROTEIN SUPPLEMENT POWDER               | 3    | PA                        |
| PROTEINEX                               | 3    | PA                        |
| PROTEINEX-18                            | 3    | PA                        |
| PROVIDE GOLD REGULAR                    | 3    | PA                        |
| PROVIDE GOLD SUGAR FREE                 | 3    | PA                        |
| PULMOCARE                               | 3    | PA                        |
| PURAMINO DHA-ARA                        | 3    | PA                        |
| PURAMINO TODDLER                        | 3    | PA                        |
| PURE BLISS NON-GMO                      | 3    | PA                        |
| Q-UP                                    | 3    | PA                        |
| QH                                      | 3    | PA                        |
| RCF SOY FORMULA                         | 3    | PA                        |
| RE-GEN                                  | 3    | PA                        |
| RE:IMMUNE                               | 3    | PA                        |
| RENA START                              | 3    | PA                        |
| RENALCAL                                | 3    | PA                        |
| RENAMENT POWDER                         | 3    | PA                        |
| RENASTART                               | 3    | PA                        |

| PRODUCT DESCRIPTION                                            | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------------------------|------|---------------------------|
| REPLETE                                                        | 3    | PA                        |
| REPLETE WITH FIBER                                             | 3    | PA                        |
| RESOURCE 2.0                                                   | 3    | PA                        |
| RESURGEX SELECT                                                | 3    | PA                        |
| S.O.S. 20                                                      | 3    | PA                        |
| S.O.S. 25                                                      | 3    | PA                        |
| <i>se-natal 19</i>                                             | 1    |                           |
| SIMILAC                                                        | 3    | PA                        |
| SIMILAC ADVANCE (LIQ CONC, LIQUID, POWDER PKT, WITH IRON POWD) | 3    | PA                        |
| SIMILAC ADVANCE NON-GMO                                        | 3    | PA                        |
| SIMILAC ADVANCE ORGANIC (LIQUID, POWDER)                       | 3    | PA                        |
| SIMILAC ALIMENTUM                                              | 3    | PA                        |
| SIMILAC EXPERT CARE 24CAL IRON                                 | 3    | PA                        |
| SIMILAC EXPERT CARE ALIMENTUM                                  | 3    | PA                        |
| SIMILAC EXPERT CARE DIARRHEA                                   | 3    | PA                        |
| SIMILAC FOR SPIT-UP (LIQUID, POWDER)                           | 3    | PA                        |
| SIMILAC GO-GROW                                                | 3    | PA                        |
| SIMILAC GO-GROW NON-GMO                                        | 3    | PA                        |
| SIMILAC GO-GROW SENSITIVE                                      | 3    | PA                        |
| SIMILAC GO-GROW SENSTV NON-GMO                                 | 3    | PA                        |
| SIMILAC GO-GROW SOY                                            | 3    | PA                        |
| SIMILAC HUMAN MILK FORTIFIER (LIQ PK, PWD PK)                  | 3    | PA                        |
| SIMILAC NEOSURE (LIQUID, POWDER)                               | 3    | PA                        |
| SIMILAC PM 60-40                                               | 3    | PA                        |
| SIMILAC PRO-ADVANCE NON-GMO (LIQ, PWD)                         | 3    | PA                        |
| SIMILAC PRO-SENSITIVE NON-GMO (LIQ, PWD)                       | 3    | PA                        |
| SIMILAC PRO-TOTAL CMFT NON-GMO                                 | 3    | PA                        |

| PRODUCT DESCRIPTION                          | TIER | LIMITS/RESTRICTIONS/NOTES          |
|----------------------------------------------|------|------------------------------------|
| SIMILAC SENSITIVE                            | 3    | PA                                 |
| SIMILAC SENSITIVE FUSS & GAS (CON, LIQ, PWD) | 3    | PA                                 |
| SIMILAC SENSITIVE ISOMIL SOY                 | 3    | PA                                 |
| SIMILAC SOY ISOMIL (LIQUID, POWDER)          | 3    | PA                                 |
| SIMILAC SPECIAL CARE 24                      | 3    | PA                                 |
| SIMILAC SPECIAL CARE 30                      | 3    | PA                                 |
| SIMILAC SUPPLEMENTATION (LIQUID, POWDER)     | 3    | PA                                 |
| SIMILAC TOTAL COMFORT                        | 3    | PA                                 |
| SIMILAC TOTAL COMFORT NON-GMO                | 3    | PA                                 |
| SIMILAC WITH IRON                            | 3    | PA                                 |
| SOD ANAMIX EARLY YEARS                       | 3    | PA                                 |
| SOL CARB                                     | 3    | PA                                 |
| SUPLENA CARB STEADY                          | 3    | PA                                 |
| <i>taron-c dha</i>                           | 1    |                                    |
| THERAMINE PLUS                               | 3    | PA                                 |
| TOLEREX                                      | 3    | PA                                 |
| <i>tri-vite with fluoride</i>                | 1    | C Covered in full age 16 and under |
| <i>trinatal rx 1</i>                         | 1    |                                    |
| <i>trinate</i>                               | 1    |                                    |
| TWOCAL HN                                    | 3    | PA                                 |
| TYLACTIN RESTORE 10 PE                       | 3    | PA                                 |
| TYLACTIN RESTORE 5 PE                        | 3    | PA                                 |
| TYLACTIN RTD 15 PE                           | 3    | PA                                 |
| TYR ANAMIX EARLY YEARS                       | 3    | PA                                 |
| TYR ANAMIX NEXT                              | 3    | PA                                 |
| TYR COOLER                                   | 3    | PA                                 |
| TYR EASY                                     | 3    | PA                                 |
| TYR EXPRESS                                  | 3    | PA                                 |

| PRODUCT DESCRIPTION        | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------|------|---------------------------|
| TYR EXPRESS20              | 3    | PA                        |
| TYR GEL                    | 3    | PA                        |
| TYR LOPHLEX                | 3    | PA                        |
| TYR LOPHLEX GMP MIX-IN     | 3    | PA                        |
| TYREX-1                    | 3    | PA                        |
| TYREX-2                    | 3    | PA                        |
| TYROS 1                    | 3    | PA                        |
| TYROS 2                    | 3    | PA                        |
| TYROSINE 1 G-15/4 G PACKET | 3    | PA                        |
| UCD ANAMIX JUNIOR          | 3    | PA                        |
| UCD TRIO                   | 3    | PA                        |
| ULTRAMINO                  | 3    | PA                        |
| ULTRIENT 1.5 WITH ENFIT    | 3    | PA                        |
| UNJURY POWDER              | 3    | PA                        |
| VALINE 1000                | 3    | PA                        |
| VALINE PACKET              | 3    | PA                        |
| VILACTIN AA PLUS 20 PE     | 3    | PA                        |
| <i>virt-c dha</i>          | 1    |                           |
| <i>virt-nate dha</i>       | 1    |                           |
| <i>vitafof-ob</i>          | 1    |                           |
| VITAL 1.0 CAL              | 3    | PA                        |
| VITAL 1.5 CAL              | 3    | PA                        |
| VITAL AF 1.2 CAL           | 3    | PA                        |
| VITAL HIGH PROTEIN         | 3    | PA                        |
| VITAL PEPTIDE 1.5 CAL      | 3    | PA                        |
| VIVONEX                    | 3    | PA                        |
| VIVONEX PLUS               | 3    | PA                        |
| VIVONEX RTF                | 3    | PA                        |

| PRODUCT DESCRIPTION                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES                         |
|---------------------------------------------------------------------------------------------------------|------|---------------------------------------------------|
| VIVONEX T.E.N                                                                                           | 3    | PA                                                |
| WHEY PROTEIN CONCENTRATE                                                                                | 3    | PA                                                |
| XLEU ANALOG                                                                                             | 3    | PA                                                |
| XLEU MAXAMAID                                                                                           | 3    | PA                                                |
| XLYS, XTRP ANALOG                                                                                       | 3    | PA                                                |
| XLYS, XTRP MAXAMAID                                                                                     | 3    | PA                                                |
| XLYS, XTRP MAXAMUM                                                                                      | 3    | PA                                                |
| XMET ANALOG                                                                                             | 3    | PA                                                |
| XMET MAXAMAID                                                                                           | 3    | PA                                                |
| XMTVI ANALOG                                                                                            | 3    | PA                                                |
| XMTVI MAXAMAID                                                                                          | 3    | PA                                                |
| XPHE MAXAMAID                                                                                           | 3    | PA                                                |
| XPHE MAXAMUM                                                                                            | 3    | PA                                                |
| XPHE, XTYR ANALOG                                                                                       | 3    | PA                                                |
| XPHE, XTYR MAXAMAID                                                                                     | 3    | PA                                                |
| XPTM ANALOG                                                                                             | 3    | PA                                                |
| XTRACAL PLUS                                                                                            | 3    | PA                                                |
| <i>zingiber</i>                                                                                         | 1    |                                                   |
| GASTROINTESTINAL AGENTS                                                                                 |      |                                                   |
| ANTI-CONSTIPATION AGENTS                                                                                |      |                                                   |
| <i>bisacodyl 5 mg tablet dr</i>                                                                         | 1    | C Covered in full age 45-75 (limit 2 Rx per year) |
| <i>citroma</i>                                                                                          | 1    | C Covered in full age 45-75 (limit 2 Rx per year) |
| <i>clearlax (eq powder, eql powder, ft powder, gnp powder, hm powder, powder, sm powder, sw powder)</i> | 1    | C Covered in full age 45-75 (limit 2 Rx per year) |
| CLENPIQ 160 ML SOLUTION                                                                                 | 2    | C Covered in full age 45-75 (limit 2 Rx per year) |
| CLENPIQ 175 ML SOLUTION                                                                                 | 2    | C Covered in Full 45-75 (limit 2 Rx/year)         |
| <i>constulose</i>                                                                                       | 1    |                                                   |
| <i>cvs purelax powder</i>                                                                               | 1    | C Covered in full age 45-75 (limit 2 Rx per year) |

| PRODUCT DESCRIPTION                                                                                                                                 | TIER | LIMITS/RESTRICTIONS/NOTES |                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|-------------------------------------------------|
| <i>enulose</i>                                                                                                                                      | 1    |                           |                                                 |
| <i>gavilax</i>                                                                                                                                      | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>generlac</i>                                                                                                                                     | 1    |                           |                                                 |
| <i>gentle laxative (5 mg tablet, cvs ec 5 mg tb, ec 5 mg tablet, eq dr 5 mg tab, eq ec 5 mg tb, gnp ec 5 mg tb, kro ec 5 mg tb, sm ec 5 mg tab)</i> | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>healthylax</i>                                                                                                                                   | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| KRISTALOSE                                                                                                                                          | 3    | PA                        |                                                 |
| <i>kro gentlelax 17 gram powder</i>                                                                                                                 | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>lactulose (10 g/15 ml solution, 20 g/30 ml solution)</i>                                                                                         | 1    |                           |                                                 |
| <i>lactulose 10 g packet</i>                                                                                                                        | 1    | QL                        | PA                                              |
| <i>laxaclear</i>                                                                                                                                    | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>laxative (ec 5 mg tablet, ft 5 mg tablet, ft ec 5 mg tablet, gnp ec 5 mg tablet, hm ec 5 mg tablet, pub ec 5 mg tablet, ra ec 5 mg tablet)</i>   | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| LINZESS                                                                                                                                             | 2    | QL                        |                                                 |
| <i>lubiprostone 8 mcg capsule</i>                                                                                                                   | 1    | QL                        |                                                 |
| <i>magnesium citrate solution</i>                                                                                                                   | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>magnesium hydroxide (400 mg/5ml oral susp, 2400 mg/10 oral susp)</i>                                                                             | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>miralax powder packet</i>                                                                                                                        | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| MOVANTIK                                                                                                                                            | 2    | QL                        |                                                 |
| <i>natura-lax</i>                                                                                                                                   | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>oral saline laxative</i>                                                                                                                         | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>phosphate laxative</i>                                                                                                                           | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>polyethylene glycol 3350 (3350 17 g powd pack, 3350 17 g/dose powder)</i>                                                                        | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>powderlax</i>                                                                                                                                    | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| PREPOPIK                                                                                                                                            | 2    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>smoothlax (powder, powder packet)</i>                                                                                                            | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| TRULANCE                                                                                                                                            | 2    | QL                        |                                                 |
| <i>women's gentle laxative</i>                                                                                                                      | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |

| PRODUCT DESCRIPTION                                                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |                                                 |    |
|-----------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|-------------------------------------------------|----|
| women's laxative (eq women's 5 mg tab, womans tablet)                                                                                   | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |    |
| ZELNORM                                                                                                                                 | 3    | QL                        | PA                                              |    |
| ANTI-DIARRHEAL AGENTS                                                                                                                   |      |                           |                                                 |    |
| alosetron hcl                                                                                                                           | 1    | QL                        |                                                 |    |
| diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025/5 liquid, hcl/atropine 2.5-.025mg tablet)                                     | 1    |                           |                                                 |    |
| MYTESI                                                                                                                                  | 3    | QL                        | PA                                              |    |
| XERMELO                                                                                                                                 | 3    | QL                        | PA                                              |    |
| XIFAXAN 200 MG TABLET                                                                                                                   | 2    |                           |                                                 |    |
| XIFAXAN 550 MG TABLET                                                                                                                   | 2    | QL                        |                                                 |    |
| ANTISPASMODICS, GASTROINTESTINAL                                                                                                        |      |                           |                                                 |    |
| CUVPOSA                                                                                                                                 | 3    | QL                        | PA                                              |    |
| DARTISLA                                                                                                                                | 3    | QL                        | PA                                              |    |
| dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)                                                                      | 1    |                           |                                                 |    |
| ed-spaz                                                                                                                                 | 1    |                           |                                                 |    |
| GLYCATE                                                                                                                                 | 3    | QL                        | PA                                              |    |
| glycopyrrolate (1 mg tablet, 2 mg tablet)                                                                                               | 1    |                           |                                                 |    |
| glycopyrrolate (1 mg/5 ml solution, 1.5 mg tablet)                                                                                      | 1    | QL                        | PA                                              |    |
| hyoscyamine sulfate (0.125 mg tab rapdis, 0.125 mg tab subl, 0.125 mg tablet, 0.125mg/ml drops, 0.375 mg tab er 12h, 125mcg/5ml elixir) | 1    |                           |                                                 |    |
| hyosyne                                                                                                                                 | 1    |                           |                                                 |    |
| methscopolamine bromide                                                                                                                 | 1    |                           |                                                 |    |
| nulev                                                                                                                                   | 1    |                           |                                                 |    |
| oscimin                                                                                                                                 | 1    |                           |                                                 |    |
| oscimin sl                                                                                                                              | 1    |                           |                                                 |    |
| symax                                                                                                                                   | 1    |                           |                                                 |    |
| symax-sl                                                                                                                                | 1    |                           |                                                 |    |
| symax-sr                                                                                                                                | 1    |                           |                                                 |    |
| GASTROINTESTINAL AGENTS, OTHER                                                                                                          |      |                           |                                                 |    |
| GATTEX (5 MG 30-VIAL KIT, 5 MG ONE-VIAL KIT)                                                                                            | 3    | QL                        | PA                                              | MS |
| GATTEX 5 MG VIAL                                                                                                                        | 3    | QL                        | PA                                              |    |
| gavilyte-c                                                                                                                              | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |    |

| PRODUCT DESCRIPTION                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |                                                 |
|-------------------------------------------------------------------------|------|---------------------------|-------------------------------------------------|
| <i>gavilyte-g</i>                                                       | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>gavilyte-n</i>                                                       | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| IMCIVREE                                                                | 3    | QL                        | PA                                              |
| <i>lansoprazole/amoxicillin trihydrate/clarithromycin</i>               | 1    |                           |                                                 |
| MYALEPT                                                                 | 3    | QL                        | PA MS                                           |
| OCALIVA                                                                 | 3    | QL                        | PA MS                                           |
| <i>opium tincture</i>                                                   | 1    |                           |                                                 |
| ORLISTAT                                                                | 3    | QL                        | PA                                              |
| <i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>     | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>     | 1    | QL                        | C                                               |
|                                                                         |      | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>peg-prep</i>                                                         | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| RELTONE                                                                 | 3    | QL                        | PA                                              |
| <i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>        | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>sodium sulfate/potassium sulfate/magnesium sulfate</i>               | 1    | C                         | Covered in full age 50-75 (limit 2 Rx per year) |
| SUPREP                                                                  | 2    |                           |                                                 |
| <i>trilyte with flavor packets</i>                                      | 1    | C                         | Covered in full age 45-75 (limit 2 Rx per year) |
| <i>ursodiol (200 mg capsule, 400 mg capsule)</i>                        | 1    | QL                        | PA                                              |
| <i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>          | 1    |                           |                                                 |
| XENICAL                                                                 | 3    | PA                        |                                                 |
| HISTAMINE2 (H2) RECEPTOR ANTAGONISTS                                    |      |                           |                                                 |
| <i>cimetidine hcl 300 mg/5ml solution</i>                               | 1    |                           |                                                 |
| <i>famotidine (40mg/5ml oral susp, 40mg/5ml susp recon)</i>             | 1    |                           |                                                 |
| <i>nizatidine (150 mg capsule, 150mg/10ml solution, 300 mg capsule)</i> | 1    |                           |                                                 |
| PROTECTANTS                                                             |      |                           |                                                 |
| <i>misoprostol</i>                                                      | 1    |                           |                                                 |
| <i>sucralfate (1 g tablet, 1 g/10 ml oral susp)</i>                     | 1    |                           |                                                 |

| PRODUCT DESCRIPTION                                                           | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |  |
|-------------------------------------------------------------------------------|------|---------------------------|----|----|--|
| PROTON PUMP INHIBITORS                                                        |      |                           |    |    |  |
| dexlansoprazole                                                               | 1    | QL                        | ST |    |  |
| esomeprazole magnesium 40 mg capsule dr                                       | 1    | QL                        |    |    |  |
| esomeprazole strontium                                                        | 3    | PA                        |    |    |  |
| lansoprazole                                                                  | 1    | QL                        |    |    |  |
| omeprazole (10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr)             | 1    | QL                        |    |    |  |
| pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)                        | 1    | QL                        |    |    |  |
| rabeprazole sodium 20 mg tablet dr                                            | 1    | QL                        |    |    |  |
| null                                                                          |      |                           |    |    |  |
| esomeprazole magnesium 20 mg capsule dr                                       | 1    | QL                        |    |    |  |
| GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT      |      |                           |    |    |  |
| betaine                                                                       | 1    | MS                        |    |    |  |
| BYLVAY (200 MCG PELLETT, 400 MCG CAPSULE, 600 MCG PELLETT, 1,200 MCG CAPSULE) | 3    | QL                        | PA | MS |  |
| CERDELGA                                                                      | 3    | QL                        | PA | MS |  |
| CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE)                                       | 3    | QL                        | PA |    |  |
| CREON                                                                         | 2    |                           |    |    |  |
| cromolyn sodium 20 mg/ml oral conc                                            | 1    |                           |    |    |  |
| CYSTADANE                                                                     | 3    |                           |    |    |  |
| CYSTADROPS                                                                    | 3    | QL                        | PA |    |  |
| CYSTAGON                                                                      | 2    |                           |    |    |  |
| CYSTARAN                                                                      | 3    | QL                        | PA |    |  |
| DAYBUE                                                                        | 3    | QL                        | PA |    |  |
| dichlorphenamide                                                              | 1    | QL                        | PA |    |  |
| ENDARI                                                                        | 3    | QL                        | PA |    |  |
| FABRAZYME (5 MG VIAL, 35 MG VIAL)                                             | 3    | PA                        | MS |    |  |
| GALAFOLD                                                                      | 3    | QL                        | PA | MS |  |
| javygtor                                                                      | 1    | PA                        | MS |    |  |
| JOENJA                                                                        | 3    | QL                        | PA |    |  |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                  | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| KEVEYIS                                                                                                                                                                                                                                                                              | 3    | PA                        |
| LIVMARLI                                                                                                                                                                                                                                                                             | 3    | QL PA                     |
| <i>miglustat</i>                                                                                                                                                                                                                                                                     | 1    | QL PA MS                  |
| <i>nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule, 20 mg capsule)</i>                                                                                                                                                                                                         | 1    | PA MS                     |
| NITYR                                                                                                                                                                                                                                                                                | 3    | PA                        |
| OLPRUVA (2 GRAM DOSE ENVELOPE, 2 GRAM DOSE KIT, 2 GRAM PACKET, 3 GRAM DOSE ENVELOPE, 3 GRAM DOSE KIT, 3 GRAM PACKET, 4 GRAM DOSE ENVELOPE, 4 GRAM DOSE KIT, 5 GRAM DOSE ENVELOPE, 5 GRAM DOSE KIT, 6 GRAM DOSE ENVELOPE, 6 GRAM DOSE KIT, 6.67 GM DOSE ENVELOPE, 6.67 GRAM DOSE KIT) | 3    | QL PA                     |
| OPFOLDA                                                                                                                                                                                                                                                                              | 3    | QL MS                     |
| ORFADIN 4 MG/ML SUSPENSION                                                                                                                                                                                                                                                           | 3    | PA                        |
| <i>ormalvi</i>                                                                                                                                                                                                                                                                       | 1    | QL PA                     |
| PALYNZIQ                                                                                                                                                                                                                                                                             | 3    | QL PA MS                  |
| PHEBURANE                                                                                                                                                                                                                                                                            | 3    | MS                        |
| PROCYSBI (DR 25 MG CAPSULE, DR 75 MG CAPSULE, DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT)                                                                                                                                                                                           | 3    | QL PA MS                  |
| RAVICTI                                                                                                                                                                                                                                                                              | 3    | QL PA MS                  |
| REVCOVI                                                                                                                                                                                                                                                                              | 3    | PA                        |
| RYPLAZIM                                                                                                                                                                                                                                                                             | 3    | QL PA                     |
| <i>sapropterin dihydrochloride</i>                                                                                                                                                                                                                                                   | 1    | PA MS                     |
| SKYCLARYS                                                                                                                                                                                                                                                                            | 3    | QL PA                     |
| <i>sodium phenylbutyrate (0.94 g/g powder, 500 mg tablet)</i>                                                                                                                                                                                                                        | 1    |                           |
| SOHONOS (1 MG CAPSULE, 1.5 MG CAPSULE, 2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE)                                                                                                                                                                                                  | 3    | QL PA                     |
| STRENSIQ (18 MG/0.45 ML VIAL, 28 MG/0.7 ML VIAL, 40 MG/ML VIAL, 80 MG/0.8 ML VIAL)                                                                                                                                                                                                   | 3    | QL PA                     |
| SUCRAID                                                                                                                                                                                                                                                                              | 3    | PA                        |
| TEGSEDI                                                                                                                                                                                                                                                                              | 3    | QL PA MS                  |
| VOXZOGO                                                                                                                                                                                                                                                                              | 3    | QL PA MS                  |
| VYNDAQEL                                                                                                                                                                                                                                                                             | 3    | QL PA MS                  |
| XURIDEN                                                                                                                                                                                                                                                                              | 3    | QL PA                     |
| <i>yargesa</i>                                                                                                                                                                                                                                                                       | 1    | QL PA                     |

| PRODUCT DESCRIPTION                                                                                                                        | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|--------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| ZENPEP (DR 3,000 CAPSULE, DR 5,000 CAPSULE, DR 10,000 CAPSULE, DR 15,000 CAPSULE, DR 20,000 CAPSULE, DR 25,000 CAPSULE, DR 40,000 CAPSULE) | 2    |                           |    |
| ZOKINVY                                                                                                                                    | 3    | QL                        | PA |
| GENITOURINARY AGENTS                                                                                                                       |      |                           |    |
| ANTISPASMODICS, URINARY                                                                                                                    |      |                           |    |
| <i>darifenacin hydrobromide</i>                                                                                                            | 1    | QL                        |    |
| <i>fesoterodine fumarate</i>                                                                                                               | 1    | QL                        |    |
| <i>flavoxate hcl</i>                                                                                                                       | 1    |                           |    |
| GELNIQUE                                                                                                                                   | 3    | QL                        | ST |
| GEMTESA                                                                                                                                    | 2    | QL                        |    |
| <i>mirabegron</i>                                                                                                                          | 1    | QL                        |    |
| MYRBETRIQ (ER 8 MG/ML SUSP, ER 25 MG TABLET, ER 50 MG TABLET)                                                                              | 2    | QL                        |    |
| <i>oxybutynin chloride (5 mg tab er 24, 5 mg tablet, 5 mg/5 ml syrup, 10 mg tab er 24, 15 mg tab er 24)</i>                                | 1    |                           |    |
| OXYBUTYNIN CHLORIDE 2.5 MG TABLET                                                                                                          | 3    |                           |    |
| OXYTROL                                                                                                                                    | 3    | ST                        |    |
| <i>solifenacin succinate</i>                                                                                                               | 1    | QL                        |    |
| <i>tolterodine tartrate (1 mg tablet, 2 mg cap er 24h, 2 mg tablet, 4 mg cap er 24h)</i>                                                   | 1    | QL                        |    |
| <i>trospium chloride (20 mg tablet, 60 mg cap er 24h)</i>                                                                                  | 1    | QL                        |    |
| VESICARE LS                                                                                                                                | 3    | QL                        | PA |
| BENIGN PROSTATIC HYPERTROPHY AGENTS                                                                                                        |      |                           |    |
| <i>alfuzosin hcl</i>                                                                                                                       | 1    | QL                        |    |
| <i>dutasteride</i>                                                                                                                         | 1    | QL                        |    |
| <i>dutasteride/tamsulosin hcl</i>                                                                                                          | 1    | QL                        |    |
| ENTADFI                                                                                                                                    | 3    | QL                        |    |
| <i>finasteride 5 mg tablet</i>                                                                                                             | 1    |                           |    |
| <i>silodosin</i>                                                                                                                           | 1    | QL                        |    |
| <i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>                                                                                              | 1    | QL                        |    |
| <i>tamsulosin hcl</i>                                                                                                                      | 1    | QL                        |    |

| PRODUCT DESCRIPTION                                            | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------------------------|------|---------------------------|
| GENITOURINARY AGENTS, OTHER                                    |      |                           |
| ADDYI                                                          | 3    | PA                        |
| alyq                                                           | 1    | QL PA                     |
| bethanechol chloride                                           | 1    |                           |
| citric acid/sodium citrate                                     | 1    |                           |
| ELMIRON                                                        | 3    |                           |
| FILSPARI                                                       | 3    | QL PA MS                  |
| K-PHOS NEUTRAL                                                 | 3    |                           |
| K-PHOS NO.2                                                    | 3    |                           |
| K-PHOS ORIGINAL                                                | 3    |                           |
| penicillamine 250 mg tablet (generic for depen)                | 1    |                           |
| phenazopyridine hcl (100 mg tablet, 200 mg tablet)             | 1    |                           |
| PHEXXI                                                         | 3    | C Covered in full         |
| potassium citrate/citric acid                                  | 1    |                           |
| sildenafil citrate (25 mg tablet, 50 mg tablet, 100 mg tablet) | 1    | QL                        |
| sodium/potassium/potassium citrate/sodium citrate/cit ac       | 1    |                           |
| tadalafil (10 mg tablet, 20 mg tablet)                         | 1    | QL                        |
| tadalafil 20 mg tablet (generic version of adcirca)            | 1    | QL PA MS                  |
| THIOLA EC (EC 100 MG TABLET, EC 300 MG TABLET)                 | 3    | QL PA                     |
| tiopronin (100 mg tablet dr, 300 mg tablet dr)                 | 1    | QL PA                     |
| tiopronin 100 mg tablet                                        | 1    | QL PA MS                  |
| tricitrates                                                    | 1    |                           |
| varденаfil hcl                                                 | 1    | QL                        |
| vcf (film, gel)                                                | 0    | C Covered in full         |
| VYLEESI                                                        | 3    | QL PA                     |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)     |      |                           |
| ACTHAR                                                         | 3    | QL PA MS                  |
| betamethasone dipropionate 0.05 % oint. (g)                    | 1    |                           |
| betamethasone/propylene glyc 0.05 % cream (g)                  | 1    |                           |
| cormax                                                         | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                 | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|
| <i>cortisone acetate</i>                                                                                                                                                                            | 1    |                           |    |    |
| CORTROPHIN                                                                                                                                                                                          | 3    | QL                        | PA | MS |
| <i>deflazacort (6 mg tablet, 18 mg tablet, 30 mg tablet, 36 mg tablet)</i>                                                                                                                          | 1    | QL                        | PA | MS |
| <i>deltasone</i>                                                                                                                                                                                    | 1    |                           |    |    |
| DERMACINRX SILAZONE                                                                                                                                                                                 | 3    | PA                        |    |    |
| <i>dexamethasone (0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>                                     | 1    |                           |    |    |
| EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)                                                                                                              | 3    | QL                        | PA | MS |
| <i>fludrocortisone acetate</i>                                                                                                                                                                      | 1    |                           |    |    |
| <i>fluocinonide 0.05 % cream (g)</i>                                                                                                                                                                | 1    |                           |    |    |
| <i>hemmorex-hc</i>                                                                                                                                                                                  | 1    |                           |    |    |
| ISTURISA                                                                                                                                                                                            | 3    | QL                        | PA |    |
| KORLYM                                                                                                                                                                                              | 3    | QL                        | PA |    |
| <i>methylprednisolone</i>                                                                                                                                                                           | 1    |                           |    |    |
| <i>methylprednisolone acetate (40 mg/ml vial, 80 mg/ml vial)</i>                                                                                                                                    | 1    |                           |    |    |
| <i>mifepristone 200 mg tablet</i>                                                                                                                                                                   | 1    |                           |    |    |
| <i>mifepristone 300 mg tablet</i>                                                                                                                                                                   | 1    | QL                        | PA |    |
| <i>prednisolone</i>                                                                                                                                                                                 | 1    |                           |    |    |
| <i>prednisolone sodium phosphate (5 mg/5 ml solution, 10 mg tab rapdis, 10 mg/5 ml solution, 15 mg tab rapdis, 15 mg/5 ml solution, 20 mg/5 ml solution, 25 mg/5 ml solution, 30 mg tab rapdis)</i> | 1    |                           |    |    |
| <i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab ds pk, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab ds pk, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>                                          | 1    |                           |    |    |
| <i>prednisone intensol</i>                                                                                                                                                                          | 1    |                           |    |    |
| RAYOS                                                                                                                                                                                               | 3    | QL                        | PA |    |
| RECORLEV                                                                                                                                                                                            | 3    | QL                        | PA |    |
| <i>scalacort</i>                                                                                                                                                                                    | 1    |                           |    |    |
| SILAZONE-II                                                                                                                                                                                         | 3    | PA                        |    |    |
| WHYTEDERM TRILASIL PAK                                                                                                                                                                              | 3    | PA                        |    |    |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)                                                                                                                                        |      |                           |    |    |
| CHORIONIC GONADOTROPIN, HUMAN 10000 UNIT VIAL                                                                                                                                                       | 3    | QL                        | PA | MS |
| <i>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet, 10/spray spray/pump)</i>                                                                                                                     | 1    |                           |    |    |
| <i>desmopressin acetate (4 mcg/ml ampul, 4 mcg/ml vial)</i>                                                                                                                                         | 1    | MS                        |    |    |

| PRODUCT DESCRIPTION                                                                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| <i>desmopressin acetate (non-refrigerated)</i>                                                                                                          | 1    |                           |    |    |    |
| EGRIFTA                                                                                                                                                 | 3    | QL                        | PA | MS |    |
| EGRIFTA SV                                                                                                                                              | 3    | QL                        | PA | MS |    |
| FOLLISTIM AQ                                                                                                                                            | 3    | QL                        | PA | ST | MS |
| GENOTROPIN                                                                                                                                              | 3    | PA                        | ST | MS |    |
| GONAL-F                                                                                                                                                 | 2    | QL                        | PA | MS |    |
| HUMATROPE                                                                                                                                               | 3    | PA                        | ST | MS |    |
| INCRELEX                                                                                                                                                | 3    | PA                        | MS |    |    |
| MENOPUR                                                                                                                                                 | 3    | PA                        | MS |    |    |
| MYFEMBREE                                                                                                                                               | 3    | QL                        | PA |    |    |
| NGENLA                                                                                                                                                  | 3    | QL                        | PA | MS |    |
| NORDITROPIN FLEXPRO                                                                                                                                     | 3    | PA                        | ST | MS |    |
| NOVAREL 10,000 UNIT VIAL                                                                                                                                | 2    | QL                        | PA | MS |    |
| NUTROPIN AQ                                                                                                                                             | 3    | PA                        | ST | MS |    |
| OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)                                                                                            | 2    | PA                        | MS |    |    |
| ORIAHNN                                                                                                                                                 | 3    | QL                        | PA |    |    |
| OVIDREL                                                                                                                                                 | 3    | PA                        | MS |    |    |
| PREGNYL                                                                                                                                                 | 2    | QL                        | PA | MS |    |
| SEROSTIM                                                                                                                                                | 3    | QL                        | PA | MS |    |
| SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE) | 3    | QL                        | PA | MS |    |
| SKYTROFA 5.2 MG CARTRIDGE                                                                                                                               | 3    | PA                        | MS |    |    |
| SOGROYA                                                                                                                                                 | 3    | QL                        | PA | MS |    |
| ZOMACTON                                                                                                                                                | 3    | QL                        | PA | MS |    |
| ZORBTIVE                                                                                                                                                | 3    | QL                        | PA | MS |    |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)                                                                               |      |                           |    |    |    |
| ANABOLIC STEROIDS                                                                                                                                       |      |                           |    |    |    |
| <i>oxandrolone</i>                                                                                                                                      | 1    |                           |    |    |    |

| PRODUCT DESCRIPTION                                                                                                                   | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| ANDROGENS                                                                                                                             |      |                           |
| <i>danazol</i>                                                                                                                        | 1    |                           |
| <i>methitest</i>                                                                                                                      | 1    |                           |
| <i>methyltestosterone</i>                                                                                                             | 1    |                           |
| NATESTO                                                                                                                               | 3    | QL                        |
| <i>testosterone (1.25g-1.62 gel packet, 2.5g-1.62% gel packet, 20.25/1.25 gel md pmp, 25mg(1%) gel packet, 30mg/1.5ml sol md pmp)</i> | 1    |                           |
| <i>testosterone (10 mg (2%) gel md pmp, 12.5/1.25g gel md pmp, 50 mg (1%) gel (gram))</i>                                             | 1    |                           |
| <i>testosterone (50 mg (1%) gel packet and 12.5/1.25g pump). some manufacturers are t3 and others t1</i>                              | 1    |                           |
| <i>testosterone cypionate (100 mg/ml vial, 200 mg/ml vial)</i>                                                                        | 1    |                           |
| <i>testosterone enanthate 200 mg/ml vial</i>                                                                                          | 1    |                           |
| XYOSTED                                                                                                                               | 3    | QL                        |
| ESTROGENS                                                                                                                             |      |                           |
| <i>afirmelle</i>                                                                                                                      | 0    | C Covered in full         |
| <i>altavera</i>                                                                                                                       | 0    | C Covered in full         |
| <i>alyacen</i>                                                                                                                        | 0    | C Covered in full         |
| <i>amethia</i>                                                                                                                        | 0    | C Covered in full         |
| <i>amethia lo</i>                                                                                                                     | 0    | C Covered in full         |
| <i>amethyst</i>                                                                                                                       | 0    | C Covered in full         |
| ANNOVERA                                                                                                                              | 0    | C Covered in full         |
| <i>apri</i>                                                                                                                           | 0    | C Covered in full         |
| <i>aranelle</i>                                                                                                                       | 0    | C Covered in full         |
| <i>ashlyna</i>                                                                                                                        | 0    | C Covered in full         |
| <i>aubra</i>                                                                                                                          | 0    | C Covered in full         |
| <i>aubra eq</i>                                                                                                                       | 0    | C Covered in full         |
| <i>aurovela</i>                                                                                                                       | 0    | C Covered in full         |
| <i>aurovela 24 fe</i>                                                                                                                 | 0    | C Covered in full         |
| <i>aurovela fe</i>                                                                                                                    | 0    | C Covered in full         |
| <i>aviane</i>                                                                                                                         | 0    | C Covered in full         |
| <i>ayuna</i>                                                                                                                          | 0    | C Covered in full         |

| PRODUCT DESCRIPTION                                        | TIER | LIMITS/RESTRICTIONS/NOTES |
|------------------------------------------------------------|------|---------------------------|
| <i>azurette</i>                                            | 0    | C Covered in full         |
| <i>balcoltra</i>                                           | 0    | C Covered in full         |
| <i>balziva</i>                                             | 0    | C Covered in full         |
| <i>bekyree</i>                                             | 0    | C Covered in full         |
| <i>blisovi 24 fe</i>                                       | 0    | C Covered in full         |
| <i>blisovi fe</i>                                          | 0    | C Covered in full         |
| <i>briellyn</i>                                            | 0    | C Covered in full         |
| <i>camrese</i>                                             | 0    | C Covered in full         |
| <i>camrese lo</i>                                          | 0    | C Covered in full         |
| <i>caziant</i>                                             | 0    | C Covered in full         |
| <i>charlotte 24 fe</i>                                     | 0    | C Covered in full         |
| <i>chateal</i>                                             | 0    | C Covered in full         |
| <i>chateal eq</i>                                          | 0    | C Covered in full         |
| <i>covaryx</i>                                             | 1    |                           |
| <i>covaryx h.s.</i>                                        | 1    |                           |
| <i>cryselle</i>                                            | 0    | C Covered in full         |
| <i>cyred</i>                                               | 0    | C Covered in full         |
| <i>cyred eq</i>                                            | 0    | C Covered in full         |
| <i>dasetta</i>                                             | 0    | C Covered in full         |
| <i>daysee</i>                                              | 0    | C Covered in full         |
| <i>delestrogen 50 mg/5 ml vial</i>                         | 1    |                           |
| <i>delyla</i>                                              | 0    | C Covered in full         |
| <i>desogestrel-ethinyl estradiol 0.15-0.03 tablet</i>      | 0    | C Covered in full         |
| <i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>     | 0    | C Covered in full         |
| <i>dotti</i>                                               | 1    |                           |
| <i>drospirenone/ethinyl estradiol/levomefolate calcium</i> | 0    | C Covered in full         |
| <i>eemt</i>                                                | 1    |                           |
| <i>eemt h.s.</i>                                           | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                        | TIER | LIMITS/RESTRICTIONS/NOTES |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>elinest</i>                                                                                                                                                                                             | 0    | C Covered in full         |
| <i>eluryng</i>                                                                                                                                                                                             | 0    | C Covered in full         |
| <i>emoquette</i>                                                                                                                                                                                           | 0    | C Covered in full         |
| <i>enpresse</i>                                                                                                                                                                                            | 0    | C Covered in full         |
| <i>enskyce</i>                                                                                                                                                                                             | 0    | C Covered in full         |
| <i>estarylla</i>                                                                                                                                                                                           | 0    | C Covered in full         |
| <i>estradiol (.025mg/24h patch tdwk, .0375mg/24 patch tdwk, 0.05mg/24h patch tdwk, 0.06mg/24h patch tdwk, .075mg/24h patch tdwk, 0.1mg/24hr patch tdwk)</i>                                                | 1    | QL                        |
| <i>estradiol (0.01 % cream/appl, .025mg/24h patch tds, .0375mg/24 patch tds, 0.05mg/24h patch tds, .075mg/24h patch tds, 0.1mg/24hr patch tds, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg tablet)</i> | 1    |                           |
| <i>estradiol valerate</i>                                                                                                                                                                                  | 1    |                           |
| <i>estrogens,esterified/methyltestosterone</i>                                                                                                                                                             | 1    |                           |
| <i>ethinyl estradiol/drospirenone</i>                                                                                                                                                                      | 0    | C Covered in full         |
| <i>ethynodiol diacetate-ethinyl estradiol</i>                                                                                                                                                              | 0    | C Covered in full         |
| <i>etonogestrel/ethinyl estradiol</i>                                                                                                                                                                      | 0    | C Covered in full         |
| <i>falmina</i>                                                                                                                                                                                             | 0    | C Covered in full         |
| <i>fayosim</i>                                                                                                                                                                                             | 0    | C Covered in full         |
| <i>femynor</i>                                                                                                                                                                                             | 0    | C Covered in full         |
| <i>fyavolv</i>                                                                                                                                                                                             | 1    |                           |
| <i>gemmily</i>                                                                                                                                                                                             | 0    | C Covered in full         |
| <i>gianvi</i>                                                                                                                                                                                              | 0    | C Covered in full         |
| <i>gildagia</i>                                                                                                                                                                                            | 0    | C Covered in full         |
| <i>hailey</i>                                                                                                                                                                                              | 0    | C Covered in full         |
| <i>hailey 24 fe</i>                                                                                                                                                                                        | 0    | C Covered in full         |
| <i>hailey fe</i>                                                                                                                                                                                           | 0    | C Covered in full         |
| <i>introvale</i>                                                                                                                                                                                           | 0    | C Covered in full         |
| <i>isibloom</i>                                                                                                                                                                                            | 0    | C Covered in full         |
| <i>jaimiess</i>                                                                                                                                                                                            | 0    | C Covered in full         |
| <i>jasmiel</i>                                                                                                                                                                                             | 0    | C Covered in full         |

| PRODUCT DESCRIPTION                                           | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------|------|---------------------------|
| <i>jevantique lo</i>                                          | 1    |                           |
| <i>jinteli</i>                                                | 1    |                           |
| <i>jolessa</i>                                                | 0    | C Covered in full         |
| <i>joyeaux</i>                                                | 1    | C Covered in full         |
| <i>juleber</i>                                                | 0    | C Covered in full         |
| <i>junel</i>                                                  | 0    | C Covered in full         |
| <i>junel fe</i>                                               | 0    | C Covered in full         |
| <i>junel fe 24</i>                                            | 0    | C Covered in full         |
| <i>kaitlib fe</i>                                             | 0    | C Covered in full         |
| <i>kalliga</i>                                                | 0    | C Covered in full         |
| <i>kariva</i>                                                 | 0    | C Covered in full         |
| <i>kelnor 1-35</i>                                            | 0    | C Covered in full         |
| <i>kelnor 1-50</i>                                            | 0    | C Covered in full         |
| <i>kurvelo</i>                                                | 0    | C Covered in full         |
| <i>larin</i>                                                  | 0    | C Covered in full         |
| <i>larin 24 fe</i>                                            | 0    | C Covered in full         |
| <i>larin fe</i>                                               | 0    | C Covered in full         |
| <i>larissia</i>                                               | 0    | C Covered in full         |
| <i>layolis fe</i>                                             | 0    | C Covered in full         |
| <i>leena</i>                                                  | 0    | C Covered in full         |
| <i>lessina</i>                                                | 0    | C Covered in full         |
| <i>levonest</i>                                               | 0    | C Covered in full         |
| <i>levonorgestrel/ethinyl estradiol</i>                       | 0    | C Covered in full         |
| <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> | 0    | C Covered in full         |
| <i>levonorgestrel/ethinyl estradiol/iron</i>                  | 1    | C Covered in full         |
| <i>levora-28</i>                                              | 0    | C Covered in full         |
| <i>lillow</i>                                                 | 0    | C Covered in full         |
| <i>lo loestrin fe</i>                                         | 0    | C Covered in full         |

| PRODUCT DESCRIPTION                                                                                                                             | TIER | LIMITS/RESTRICTIONS/NOTES |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>lo-zumandimine</i>                                                                                                                           | 0    | C Covered in full         |
| <i>lojaimiess</i>                                                                                                                               | 0    | C Covered in full         |
| <i>lomedica 24 fe</i>                                                                                                                           | 0    | C Covered in full         |
| <i>lopreeza 0.5 mg-0.1 mg tablet</i>                                                                                                            | 1    |                           |
| <i>loryna</i>                                                                                                                                   | 0    | C Covered in full         |
| <i>low-ogestrel</i>                                                                                                                             | 0    | C Covered in full         |
| <i>luteria</i>                                                                                                                                  | 0    | C Covered in full         |
| <i>marlissa</i>                                                                                                                                 | 0    | C Covered in full         |
| <i>melodetta 24 fe</i>                                                                                                                          | 0    | C Covered in full         |
| MENEST                                                                                                                                          | 3    |                           |
| <i>mibelas 24 fe</i>                                                                                                                            | 0    | C Covered in full         |
| <i>microgestin</i>                                                                                                                              | 0    | C Covered in full         |
| <i>microgestin 24 fe</i>                                                                                                                        | 0    | C Covered in full         |
| <i>microgestin fe</i>                                                                                                                           | 0    | C Covered in full         |
| <i>mili</i>                                                                                                                                     | 0    | C Covered in full         |
| <i>mono-lynyah</i>                                                                                                                              | 0    | C Covered in full         |
| <i>natazia</i>                                                                                                                                  | 0    | C Covered in full         |
| <i>necon</i>                                                                                                                                    | 0    | C Covered in full         |
| <i>nextstellis</i>                                                                                                                              | 0    | C Covered in full         |
| <i>nikki</i>                                                                                                                                    | 0    | C Covered in full         |
| <i>norelgestromin/ethinyl estradiol</i>                                                                                                         | 1    | C Covered in full         |
| <i>norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)</i>                                                              | 1    |                           |
| <i>norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)</i>                                                            | 0    | C Covered in full         |
| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(21) tablet, 1mg-20(24) capsule, 1mg-20(24) tab chew, 1mg-20(24) tablet)</i> | 0    | C Covered in full         |
| <i>norethindrone-e.estradiol-iron 1.5-30(21) tablet</i>                                                                                         | 0    | C Covered in full         |
| <i>norethindrone-e.estradiol-iron 5-7-9-7 tablet</i>                                                                                            | 1    | C Covered in full         |
| <i>norethindrone-ethinyl estradiol/ferrous fumarate</i>                                                                                         | 0    | C Covered in full         |
| <i>norgestimate-ethinyl estradiol (0.25-0.035 tablet, 7daysx3 28 tablet, 7daysx3 lo tablet)</i>                                                 | 0    | C Covered in full         |

| PRODUCT DESCRIPTION                                                                                          | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>nortrel</i>                                                                                               | 0    | C Covered in full         |
| <i>nylia</i>                                                                                                 | 0    | C Covered in full         |
| <i>ocella</i>                                                                                                | 0    | C Covered in full         |
| <i>orsythia</i>                                                                                              | 0    | C Covered in full         |
| <i>ortho tri-cyclen</i>                                                                                      | 0    | C Covered in full         |
| <i>ortho tri-cyclen lo</i>                                                                                   | 0    | C Covered in full         |
| <i>ortho-novum</i>                                                                                           | 0    | C Covered in full         |
| <i>philith</i>                                                                                               | 0    | C Covered in full         |
| <i>pimtrea</i>                                                                                               | 0    | C Covered in full         |
| <i>pirmella</i>                                                                                              | 0    | C Covered in full         |
| <i>portia</i>                                                                                                | 0    | C Covered in full         |
| PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL) | 2    |                           |
| PREMPHASE                                                                                                    | 2    |                           |
| PREMPRO                                                                                                      | 2    |                           |
| <i>previfem</i>                                                                                              | 0    | C Covered in full         |
| <i>rajani</i>                                                                                                | 0    | C Covered in full         |
| <i>reclipsen</i>                                                                                             | 0    | C Covered in full         |
| <i>rivelsa</i>                                                                                               | 0    | C Covered in full         |
| <i>setlakin</i>                                                                                              | 0    | C Covered in full         |
| <i>simliya</i>                                                                                               | 0    | C Covered in full         |
| <i>simpesse</i>                                                                                              | 0    | C Covered in full         |
| <i>sprintec</i>                                                                                              | 0    | C Covered in full         |
| <i>sronyx</i>                                                                                                | 0    | C Covered in full         |
| <i>syeda</i>                                                                                                 | 0    | C Covered in full         |
| <i>tarina 24 fe</i>                                                                                          | 0    | C Covered in full         |
| <i>tarina fe</i>                                                                                             | 0    | C Covered in full         |
| <i>tarina fe 1-20 eq</i>                                                                                     | 0    | C Covered in full         |
| <i>tilia fe</i>                                                                                              | 0    | C Covered in full         |

| PRODUCT DESCRIPTION     | TIER | LIMITS/RESTRICTIONS/NOTES |
|-------------------------|------|---------------------------|
| <i>tri femynor</i>      | 0    | C Covered in full         |
| <i>tri-estarylla</i>    | 0    | C Covered in full         |
| <i>tri-legest fe</i>    | 0    | C Covered in full         |
| <i>tri-linyah</i>       | 0    | C Covered in full         |
| <i>tri-lo-estarylla</i> | 0    | C Covered in full         |
| <i>tri-lo-marzia</i>    | 0    | C Covered in full         |
| <i>tri-lo-mili</i>      | 0    | C Covered in full         |
| <i>tri-lo-sprintec</i>  | 0    | C Covered in full         |
| <i>tri-mili</i>         | 0    | C Covered in full         |
| <i>tri-previfem</i>     | 0    | C Covered in full         |
| <i>tri-sprintec</i>     | 0    | C Covered in full         |
| <i>tri-vylibra</i>      | 0    | C Covered in full         |
| <i>tri-vylibra lo</i>   | 0    | C Covered in full         |
| <i>trivora-28</i>       | 0    | C Covered in full         |
| <i>turqoz</i>           | 1    | C Covered in full         |
| <i>twirla</i>           | 0    | C Covered in full         |
| TYBLUME                 | 3    | C Covered in full         |
| <i>tydemy</i>           | 0    | C Covered in full         |
| <i>velivet</i>          | 0    | C Covered in full         |
| <i>vestura</i>          | 0    | C Covered in full         |
| <i>vienva</i>           | 0    | C Covered in full         |
| <i>viorele</i>          | 0    | C Covered in full         |
| <i>vyfemla</i>          | 0    | C Covered in full         |
| <i>vylibra</i>          | 0    | C Covered in full         |
| <i>wera</i>             | 0    | C Covered in full         |
| <i>wymzya fe</i>        | 0    | C Covered in full         |
| <i>xulane</i>           | 0    | C Covered in full         |

| PRODUCT DESCRIPTION                                                              | TIER | LIMITS/RESTRICTIONS/NOTES |                 |
|----------------------------------------------------------------------------------|------|---------------------------|-----------------|
| <i>yuvaferm</i>                                                                  | 1    |                           |                 |
| <i>zarah</i>                                                                     | 0    | C                         | Covered in full |
| <i>zenchent</i>                                                                  | 0    | C                         | Covered in full |
| <i>zovia 1-35</i>                                                                | 0    | C                         | Covered in full |
| <i>zumandimine</i>                                                               | 0    | C                         | Covered in full |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER |      |                           |                 |
| <i>amabelz</i>                                                                   | 1    |                           |                 |
| CLIMARA PRO                                                                      | 2    |                           |                 |
| COMBIPATCH                                                                       | 3    |                           |                 |
| <i>estradiol/norethindrone acetate</i>                                           | 1    |                           |                 |
| <i>lopreeza 1 mg-0.5 mg tablet</i>                                               | 1    |                           |                 |
| <i>mimvey</i>                                                                    | 1    |                           |                 |
| <i>mimvey lo</i>                                                                 | 1    |                           |                 |
| PROGESTINS                                                                       |      |                           |                 |
| <i>after pill</i>                                                                | 1    | C                         | Covered in full |
| <i>aftera</i>                                                                    | 0    | C                         | Covered in full |
| <i>camila</i>                                                                    | 0    | C                         | Covered in full |
| CRINONE                                                                          | 3    |                           |                 |
| <i>curae</i>                                                                     | 1    | C                         | Covered in full |
| <i>deblitane</i>                                                                 | 0    | C                         | Covered in full |
| <i>econtra ez</i>                                                                | 0    | C                         | Covered in full |
| <i>econtra one-step</i>                                                          | 0    | C                         | Covered in full |
| <i>ella</i>                                                                      | 0    | C                         | Covered in full |
| <i>emzahh</i>                                                                    | 1    | C                         | Covered in full |
| ENDOMETRIN                                                                       | 2    | PA                        |                 |
| <i>errin</i>                                                                     | 0    | C                         | Covered in full |
| <i>heather</i>                                                                   | 0    | C                         | Covered in full |
| <i>her style</i>                                                                 | 1    | C                         | Covered in full |
| <i>incassia</i>                                                                  | 0    | C                         | Covered in full |

| PRODUCT DESCRIPTION                                                           | TIER | LIMITS/RESTRICTIONS/NOTES                        |
|-------------------------------------------------------------------------------|------|--------------------------------------------------|
| <i>jencycla</i>                                                               | 0    | C Covered in full                                |
| <i>kyleena</i>                                                                | 0    | C Covered in full                                |
| <i>levonorgestrel</i>                                                         | 0    | C Covered in full                                |
| <i>liletta</i>                                                                | 0    | C Covered in full as medical benefit             |
| <i>lyza</i>                                                                   | 0    | C Covered in full                                |
| <i>medroxyprogesterone acetate (150 mg/ml syringe, 150 mg/ml vial)</i>        | 0    | C Covered in full                                |
| <i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i> | 1    |                                                  |
| <i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>                         | 1    |                                                  |
| <i>megestrol acetate (400mg/10ml oral susp, 625mg/5ml oral susp)</i>          | 1    |                                                  |
| <i>mirena</i>                                                                 | 0    | C Covered in full                                |
| <i>my choice</i>                                                              | 0    | C Covered in full                                |
| <i>my way</i>                                                                 | 0    | C Covered in full                                |
| <i>new day</i>                                                                | 0    | C Covered in full                                |
| <i>nexplanon</i>                                                              | 0    | C Covered in full as medical or pharmacy benefit |
| <i>nora-be</i>                                                                | 0    | C Covered in full                                |
| <i>norethindrone</i>                                                          | 0    | C Covered in full                                |
| <i>norethindrone acetate</i>                                                  | 1    |                                                  |
| <i>norlyda</i>                                                                | 0    | C Covered in full                                |
| <i>norlyroc</i>                                                               | 0    | C Covered in full                                |
| <i>opcicon one-step</i>                                                       | 0    | C Covered in full                                |
| <i>option 2</i>                                                               | 0    | C Covered in full                                |
| <i>plan b one-step</i>                                                        | 0    | C Covered in full                                |
| <i>progesterone</i>                                                           | 1    | MS                                               |
| <i>progesterone, micronized</i>                                               | 1    |                                                  |
| <i>sharobel</i>                                                               | 0    | C Covered in full                                |
| <i>skyla</i>                                                                  | 0    | C Covered in full as medical benefit             |
| <i>slynd</i>                                                                  | 0    | C Covered in full                                |
| <i>take action</i>                                                            | 0    | C Covered in full                                |

| PRODUCT DESCRIPTION                                                                                                                                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|-----------------|
| <i>tulana</i>                                                                                                                                                                                                            | 0    | C                         | Covered in full |
| SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS                                                                                                                                                                             |      |                           |                 |
| <i>clomid</i>                                                                                                                                                                                                            | 1    |                           |                 |
| <i>clomiphene citrate</i>                                                                                                                                                                                                | 1    |                           |                 |
| DUAVEE                                                                                                                                                                                                                   | 2    |                           |                 |
| OSPHEA                                                                                                                                                                                                                   | 3    | ST                        |                 |
| <i>raloxifene hcl</i>                                                                                                                                                                                                    | 1    | C                         | Covered in full |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)                                                                                                                                                               |      |                           |                 |
| <i>adthyza (15 mg tablet, 30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>                                                                                                                                   | 1    |                           |                 |
| ADTHYZA (16.25 MG TABLET, 32.5 MG TABLET, 65 MG TABLET, 97.5 MG TABLET, 130 MG TABLET)                                                                                                                                   | 3    |                           |                 |
| ARMOUR THYROID                                                                                                                                                                                                           | 3    |                           |                 |
| <i>euthyrox</i>                                                                                                                                                                                                          | 1    |                           |                 |
| <i>levo-t</i>                                                                                                                                                                                                            | 1    |                           |                 |
| <i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i> | 1    |                           |                 |
| <i>levoxyl</i>                                                                                                                                                                                                           | 1    |                           |                 |
| <i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>                                                                                                                                                  | 1    |                           |                 |
| <i>np thyroid</i>                                                                                                                                                                                                        | 1    |                           |                 |
| SYNTHROID                                                                                                                                                                                                                | 3    |                           |                 |
| <i>unithroid</i>                                                                                                                                                                                                         | 1    |                           |                 |
| HORMONAL AGENTS, SUPPRESSANT (ADRENAL)                                                                                                                                                                                   |      |                           |                 |
| LYSODREN                                                                                                                                                                                                                 | 2    |                           |                 |
| HORMONAL AGENTS, SUPPRESSANT (PITUITARY)                                                                                                                                                                                 |      |                           |                 |
| <i>cabergoline</i>                                                                                                                                                                                                       | 1    |                           |                 |
| <i>cetrorelix acetate</i>                                                                                                                                                                                                | 1    | PA                        | MS              |
| CETROTIDE                                                                                                                                                                                                                | 3    | PA                        | MS              |
| <i>fyremadel</i>                                                                                                                                                                                                         | 1    | PA                        | MS              |
| GANIRELIX ACETATE                                                                                                                                                                                                        | 3    | PA                        | MS              |
| <i>ganirelix acetate (mfr: ferring labs)</i>                                                                                                                                                                             | 1    | PA                        | MS              |
| GANIRELIX ACETATE (MFR: ORGANON PHARMACEUTICALS)                                                                                                                                                                         | 3    | PA                        | MS              |
| <i>leuprolide acetate 1 mg/0.2ml kit</i>                                                                                                                                                                                 | 1    | PA                        |                 |

| PRODUCT DESCRIPTION                                                                                                                                                                                                     | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|--|
| octreotide acetate (50 mcg/ml ampul, 50 mcg/ml syringe, 50 mcg/ml vial, 100 mcg/ml ampul, 100 mcg/ml syringe, 100 mcg/ml vial, 200 mcg/ml vial, 500 mcg/ml ampul, 500 mcg/ml syringe, 500 mcg/ml vial, 1000mcg/ml vial) | 1    | MS                        |    |    |  |
| ORGOVYX                                                                                                                                                                                                                 | 3    | QL                        | PA |    |  |
| ORILISSA (150 MG TABLET, 200 MG TABLET)                                                                                                                                                                                 | 3    | QL                        | PA |    |  |
| SIGNIFOR                                                                                                                                                                                                                | 3    | PA                        |    |    |  |
| SOMATULINE DEPOT                                                                                                                                                                                                        | 2    | QL                        | MS |    |  |
| SOMAVERT (15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL)                                                                                                                                                               | 3    | PA                        | MS |    |  |
| SOMAVERT 10 MG VIAL                                                                                                                                                                                                     | 3    | QL                        | PA | MS |  |
| SYNAREL                                                                                                                                                                                                                 | 3    | QL                        | PA |    |  |
| HORMONAL AGENTS, SUPPRESSANT (THYROID)                                                                                                                                                                                  |      |                           |    |    |  |
| ANTITHYROID AGENTS                                                                                                                                                                                                      |      |                           |    |    |  |
| methimazole                                                                                                                                                                                                             | 1    |                           |    |    |  |
| potassium iodide 1 g/ml solution                                                                                                                                                                                        | 1    |                           |    |    |  |
| propylthiouracil                                                                                                                                                                                                        | 1    |                           |    |    |  |
| IMMUNOLOGICAL AGENTS                                                                                                                                                                                                    |      |                           |    |    |  |
| ANGIOEDEMA AGENTS                                                                                                                                                                                                       |      |                           |    |    |  |
| BERINERT 500 UNIT KIT                                                                                                                                                                                                   | 3    | QL                        | PA | MS |  |
| CINRYZE                                                                                                                                                                                                                 | 3    | QL                        | PA | MS |  |
| HAEGARDA                                                                                                                                                                                                                | 2    | QL                        | PA | MS |  |
| icatibant acetate                                                                                                                                                                                                       | 1    | QL                        | PA | MS |  |
| ORLADEYO                                                                                                                                                                                                                | 3    | QL                        | PA |    |  |
| RUCONEST                                                                                                                                                                                                                | 3    | QL                        | PA | MS |  |
| sajazir                                                                                                                                                                                                                 | 1    | QL                        | PA | MS |  |
| TAKHZYRO (150 MG/ML SYRINGE, 300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL)                                                                                                                                                     | 2    | QL                        | PA | MS |  |
| IMMUNE SUPPRESSANTS                                                                                                                                                                                                     |      |                           |    |    |  |
| REZUROCK                                                                                                                                                                                                                | 3    | QL                        | PA | MS |  |
| IMMUNOGLOBULINS                                                                                                                                                                                                         |      |                           |    |    |  |
| GAMMAGARD LIQUID                                                                                                                                                                                                        | 3    | PA                        | MS |    |  |
| GAMMAGARD S-D                                                                                                                                                                                                           | 3    | PA                        | MS |    |  |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                 | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|----|
| GAMUNEX-C                                                                                                                                                                                                                                           | 3    | PA                        | MS |    |    |
| HIZENTRA                                                                                                                                                                                                                                            | 3    | PA                        | MS |    |    |
| PRIVIGEN                                                                                                                                                                                                                                            | 3    | PA                        | MS |    |    |
| IMMUNOLOGICAL AGENTS, OTHER                                                                                                                                                                                                                         |      |                           |    |    |    |
| ACTEMRA 162 MG/0.9 ML SYRINGE                                                                                                                                                                                                                       | 2    | QL                        | PA | MS |    |
| ACTEMRA ACTPEN                                                                                                                                                                                                                                      | 2    | QL                        | PA | MS |    |
| ARCALYST                                                                                                                                                                                                                                            | 3    | QL                        | PA | MS |    |
| BENLYSTA (120 MG VIAL, 400 MG VIAL)                                                                                                                                                                                                                 | 3    | MS                        |    |    |    |
| BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)                                                                                                                                                                                                  | 3    | QL                        | MS |    |    |
| COSENTYX                                                                                                                                                                                                                                            | 2    | QL                        | PA | MS |    |
| DUPIXENT PEN (200 MG/1.14 ML PEN, 300 MG/2 ML PEN)                                                                                                                                                                                                  | 2    | QL                        | PA | MS |    |
| DUPIXENT SYRINGE (100 MG/0.67 ML SYRING, 200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE)                                                                                                                                                                | 2    | QL                        | PA | MS |    |
| EMPAVELI                                                                                                                                                                                                                                            | 3    | PA                        |    |    |    |
| ENSPRYNG                                                                                                                                                                                                                                            | 3    | QL                        | PA | MS |    |
| OLUMIANT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET)                                                                                                                                                                                                    | 3    | QL                        | PA | MS |    |
| ORENCIA                                                                                                                                                                                                                                             | 3    | QL                        | PA | ST | MS |
| OTEZLA (28 DAY PACK, PACK)                                                                                                                                                                                                                          | 2    | QL                        | PA | MS |    |
| PALFORZIA (3 MG (LEVEL 1), 6 MG (LEVEL 2), 12 MG (LEVEL 3), 20 MG (LEVEL 4), 40 MG (LEVEL 5), 80 MG (LEVEL 6), 120 MG (LEVEL 7), 160 MG (LEVEL 8), 200 MG (LEVEL 9), 240 MG (LEVEL 10), 300 MG (LEVEL 11), 300 MG (MAINTENANCE), INITIAL DOSE PACK) | 3    | QL                        | PA |    |    |
| RINVOQ (ER 15 MG TABLET, ER 30 MG TABLET, ER 45 MG TABLET)                                                                                                                                                                                          | 2    | QL                        | PA | MS |    |
| SKYRIZI (2 SYRINGES) KIT                                                                                                                                                                                                                            | 2    | QL                        | PA | MS |    |
| SKYRIZI ON-BODY (180 MG/1.2 ML, 360 MG/2.4 ML)                                                                                                                                                                                                      | 2    | QL                        | PA | MS |    |
| STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)                                                                                                                                                                                 | 2    | QL                        | PA | MS |    |
| TAVNEOS                                                                                                                                                                                                                                             | 3    | QL                        | PA |    |    |
| TREMFYA                                                                                                                                                                                                                                             | 2    | QL                        | PA | MS |    |
| XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)                                                                                                                                                                                               | 2    | QL                        | PA | MS |    |
| XELJANZ XR (11 MG TABLET, 22 MG TABLET)                                                                                                                                                                                                             | 2    | QL                        | PA | MS |    |

| PRODUCT DESCRIPTION                                                                       | TIER | LIMITS/RESTRICTIONS/NOTES |    |       |
|-------------------------------------------------------------------------------------------|------|---------------------------|----|-------|
| XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML SYRINGE)                 | 3    | QL                        | PA | MS    |
| IMMUNOSTIMULANTS                                                                          |      |                           |    |       |
| ACTIMMUNE                                                                                 | 3    | QL                        | PA | MS    |
| ALFERON N                                                                                 | 3    |                           |    |       |
| INTRON A                                                                                  | 3    | MS                        |    |       |
| PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)                                         | 3    | QL                        | PA | MS    |
| PEGASYS PROCLICK                                                                          | 3    | QL                        | PA | MS    |
| IMMUNOSUPPRESSANTS                                                                        |      |                           |    |       |
| azathioprine 50 mg tablet                                                                 | 1    |                           |    |       |
| CIMZIA (MG/ML SYRINGE KIT, MG/ML(X3)START KT)                                             | 3    | QL                        | PA | ST MS |
| cyclosporine (25 mg capsule, 100 mg capsule)                                              | 1    |                           |    |       |
| cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg capsule, 100 mg/ml solution) | 1    |                           |    |       |
| CYLTEZO(CF) (10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML)                                    | 2    | QL                        | PA | MS    |
| CYLTEZO(CF) PEN 40 MG/0.8 ML                                                              | 2    | QL                        | PA | MS    |
| CYLTEZO(CF) PEN CROHN'S-UC-HS                                                             | 2    | QL                        | PA | MS    |
| CYLTEZO(CF) PEN PSORIASIS-UV                                                              | 2    | QL                        | PA | MS    |
| ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)             | 2    | QL                        | PA | MS    |
| ENBREL MINI                                                                               | 2    | QL                        | PA | MS    |
| ENBREL SURECLICK                                                                          | 2    | QL                        | PA | MS    |
| ENVARUSUS XR (0.75 MG TABLET, 1 MG TABLET, 4 MG TABLET)                                   | 3    | QL                        | PA |       |
| everolimus (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)                                   | 1    |                           |    |       |
| engraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)                                | 1    |                           |    |       |
| HADLIMA                                                                                   | 2    | QL                        | PA | MS    |
| HADLIMA PUSHTOUCH                                                                         | 2    | QL                        | PA | MS    |
| HADLIMA(CF)                                                                               | 2    | QL                        | PA | MS    |
| HADLIMA(CF) PUSHTOUCH                                                                     | 2    | QL                        | PA | MS    |
| HUMIRA (ABBVIE)                                                                           | 2    | QL                        | PA | MS    |
| HYFTOR                                                                                    | 3    | QL                        | PA |       |

| PRODUCT DESCRIPTION                                                                                                                                                                       | TIER | LIMITS/RESTRICTIONS/NOTES |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|-------------------|
| JYLAMVO                                                                                                                                                                                   | 3    | QL                        | PA                |
| leflunomide                                                                                                                                                                               | 1    |                           |                   |
| LUPKYNIS                                                                                                                                                                                  | 3    | QL                        | PA                |
| methotrexate sodium (2.5 mg tablet, 25 mg/ml vial)                                                                                                                                        | 1    |                           |                   |
| methotrexate sodium/pf (sodium/pf 1 g vial, sodium/pf 25 mg/ml vial)                                                                                                                      | 1    |                           |                   |
| mycophenolate mofetil (200 mg/ml susp recon, 250 mg capsule, 500 mg tablet)                                                                                                               | 1    |                           |                   |
| mycophenolate sodium                                                                                                                                                                      | 1    |                           |                   |
| OTREXUP                                                                                                                                                                                   | 3    | QL                        | PA                |
| RASUVO (7.5 MG/0.15 ML, 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML)                                          | 3    | QL                        | PA                |
| REDITREX (7.5 MG/0.3 ML SYRINGE, 10 MG/0.4 ML SYRINGE, 12.5 MG/0.5 ML SYRING, 15 MG/0.6 ML SYRINGE, 17.5 MG/0.7 ML SYRING, 20 MG/0.8 ML SYRINGE, 22.5 MG/0.9 ML SYRING, 25 MG/ML SYRINGE) | 3    | QL                        | PA                |
| sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)                                                                                                                     | 1    |                           |                   |
| tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)                                                                                                                                   | 1    |                           |                   |
| TREXALL                                                                                                                                                                                   | 3    |                           |                   |
| XATMEP                                                                                                                                                                                    | 3    | PA                        |                   |
| VACCINES                                                                                                                                                                                  |      |                           |                   |
| ABRYSVO                                                                                                                                                                                   | 3    | QL                        | C Covered in full |
| ACTHIB                                                                                                                                                                                    | 3    | C                         | Covered in full   |
| ADACEL TDAP                                                                                                                                                                               | 3    | C                         | Covered in full   |
| AFLURIA QUAD 2023-2024                                                                                                                                                                    | 3    | QL                        | C Covered in full |
| AFLURIA QUAD 2023-24 (3YR UP)                                                                                                                                                             | 3    | QL                        | C Covered in full |
| AREXVY                                                                                                                                                                                    | 3    | QL                        | C Covered in full |
| BEXSERO                                                                                                                                                                                   | 3    | C                         | Covered in full   |
| BOOSTRIX TDAP                                                                                                                                                                             | 3    | C                         | Covered in full   |
| COMIRNATY                                                                                                                                                                                 | 3    | C                         | Covered in full   |
| DAPTACEL DTAP                                                                                                                                                                             | 3    | C                         | Covered in full   |

| PRODUCT DESCRIPTION                  | TIER | LIMITS/RESTRICTIONS/NOTES |
|--------------------------------------|------|---------------------------|
| ENGERIX-B ADULT                      | 3    | C Covered in full         |
| ENGERIX-B PEDIATRIC-ADOLESCENT       | 3    | C Covered in full         |
| FLUAD QUAD 2023-2024                 | 3    | QL<br>C Covered in full   |
| FLUARIX QUAD 2023-2024               | 3    | QL<br>C Covered in full   |
| FLUBLOK QUAD 2023-2024               | 3    | QL<br>C Covered in full   |
| FLUCELVAX QUAD 2023-2024 (SYR, VIAL) | 3    | QL<br>C Covered in full   |
| FLULAVAL QUAD 2023-2024              | 3    | QL<br>C Covered in full   |
| FLUMIST QUAD 2023-2024               | 3    | QL<br>C Covered in full   |
| FLUZONE HIGH-DOSE QUAD 2023-24       | 3    | QL<br>C Covered in full   |
| FLUZONE QUAD 2022-2023               | 3    | QL<br>C Covered in full   |
| GARDASIL 9                           | 3    | C Covered in full         |
| HAVRIX                               | 3    | C Covered in full         |
| HEPLISAV-B                           | 3    | C Covered in full         |
| HIBERIX                              | 3    | C Covered in full         |
| IMOVAX RABIES VACCINE                | 3    | C Covered in full         |
| INFANRIX DTAP                        | 3    | C Covered in full         |
| IPOL                                 | 3    | C Covered in full         |
| JYNNEOS                              | 3    | C Covered in full         |
| JYNNEOS (NATIONAL STOCKPILE)         | 3    | C Covered in full         |
| KINRIX                               | 3    | C Covered in full         |
| M-M-R II VACCINE                     | 3    | C Covered in full         |

| PRODUCT DESCRIPTION                                                    | TIER | LIMITS/RESTRICTIONS/NOTES |
|------------------------------------------------------------------------|------|---------------------------|
| MENQUADFI                                                              | 3    |                           |
| MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS)) | 3    | C Covered in full         |
| MODERNA COVID BIVAL(6MO UP)EUA                                         | 3    | C Covered in full         |
| MODERNA COVID BIVAL(6MO-5Y)EUA                                         | 3    | C Covered in full         |
| MODERNA COVID-19 BOOSTER (EUA)                                         | 3    |                           |
| NOVAVAX COVID-19 VACC,ADJ(EUA)                                         | 3    | C Covered in full         |
| PEDIARIX                                                               | 3    | C Covered in full         |
| PEDVAXHIB                                                              | 3    | C Covered in full         |
| PENBRAYA                                                               | 3    | C Covered in full         |
| PENTACEL                                                               | 3    | C Covered in full         |
| PENTACEL DTAP-IPV COMPONENT                                            | 3    | C Covered in full         |
| PFIZER COVID BIVAL (12Y UP)EUA                                         | 3    | C Covered in full         |
| PFIZER COVID BIVAL (5-11YR)EUA                                         | 3    | C Covered in full         |
| PFIZER COVID BIVAL (6MO-4Y)EUA                                         | 3    | C Covered in full         |
| PNEUMOVAX 23                                                           | 3    | C Covered in full         |
| PREHEVBRIO                                                             | 3    | C Covered in full         |
| PREVNAR 20                                                             | 3    | C Covered in full         |
| PRIORIX                                                                | 3    | C Covered in full         |
| PROQUAD                                                                | 3    | C Covered in full         |
| QUADRACEL DTAP-IPV                                                     | 3    | C Covered in full         |
| RECOMBIVAX HB                                                          | 3    | C Covered in full         |
| ROTARIX                                                                | 3    | C Covered in full         |
| ROTATEQ                                                                | 3    | C Covered in full         |
| SHINGRIX                                                               | 3    | C Covered in full age 50+ |
| SPIKEVAX COVID (18Y UP) VACC                                           | 3    | C Covered in full         |
| TENIVAC                                                                | 3    | C Covered in full         |
| TETANUS AND DIPHTHERIA TOXOIDS, ADULT                                  | 3    | C Covered in full         |
| TETANUS,DIPHTHERIA TOXOID PED/PF                                       | 3    | C Covered in full         |

| PRODUCT DESCRIPTION                                                                                           | TIER | LIMITS/RESTRICTIONS/NOTES |                 |
|---------------------------------------------------------------------------------------------------------------|------|---------------------------|-----------------|
| TRUMENBA                                                                                                      | 3    | C                         | Covered in full |
| TWINRIX                                                                                                       | 3    | C                         | Covered in full |
| VAQTA                                                                                                         | 3    | C                         | Covered in full |
| VARIVAX VACCINE                                                                                               | 3    | C                         | Covered in full |
| VAXELIS                                                                                                       | 3    | C                         | Covered in full |
| VAXNEUVANCE                                                                                                   | 3    | C                         | Covered in full |
| INFLAMMATORY BOWEL DISEASE AGENTS                                                                             |      |                           |                 |
| AMINOSALICYLATES                                                                                              |      |                           |                 |
| <i>balsalazide disodium</i>                                                                                   | 1    |                           |                 |
| DIPENTUM                                                                                                      | 3    |                           |                 |
| <i>mesalamine (0.375g cap er 24h, 1.2 g tablet dr, 4 g/60 ml enema, 400 mg cap(drtab), 1000 mg supp.rect)</i> | 1    |                           |                 |
| <i>mesalamine 800 mg tablet dr</i>                                                                            | 1    |                           |                 |
| <i>sulfasalazine (500 mg tablet, 500 mg tablet dr)</i>                                                        | 1    |                           |                 |
| GLUCOCORTICOIDS                                                                                               |      |                           |                 |
| ALKINDI SPRINKLE (0.5 MG CAP, 1 MG CAPSULE, 2 MG CAPSULE, 5 MG CAPSULE)                                       | 3    | QL                        | PA              |
| <i>budesonide 2 mg foam/appl</i>                                                                              | 1    | QL                        | PA              |
| <i>budesonide 3 mg capdr - er</i>                                                                             | 1    |                           |                 |
| <i>budesonide 9 mg tabdr - er</i>                                                                             | 1    | QL                        |                 |
| <i>colocort</i>                                                                                               | 1    |                           |                 |
| <i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet, 100mg/60ml enema)</i>                             | 1    |                           |                 |
| TARPEYO                                                                                                       | 3    | QL                        | PA              |
| UCERIS 2 MG RECTAL FOAM                                                                                       | 3    | QL                        | PA              |
| METABOLIC BONE DISEASE AGENTS                                                                                 |      |                           |                 |
| <i>alendronate sodium (5 mg tablet, 10 mg tablet, 35 mg tablet, 40 mg tablet, 70 mg tablet)</i>               | 1    | QL                        |                 |
| <i>alendronate sodium 70 mg/75ml solution</i>                                                                 | 1    |                           |                 |
| <i>calcitonin,salmon,synthetic</i>                                                                            | 1    |                           |                 |
| <i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>                                      | 1    |                           |                 |
| <i>cinacalcet hcl</i>                                                                                         | 1    |                           |                 |
| <i>doxercalciferol (0.5 mcg capsule, 1 mcg capsule, 2.5 mcg capsule)</i>                                      | 1    |                           |                 |
| <i>ergocalciferol (vitamin d2) 1250 mcg capsule</i>                                                           | 1    |                           |                 |

| PRODUCT DESCRIPTION                                                                                 | TIER | LIMITS/RESTRICTIONS/NOTES |                 |    |
|-----------------------------------------------------------------------------------------------------|------|---------------------------|-----------------|----|
| <i>etidronate disodium</i>                                                                          | 1    |                           |                 |    |
| FORTEO                                                                                              | 3    | QL                        | PA              | MS |
| FOSAMAX PLUS D                                                                                      | 3    | QL                        |                 |    |
| <i>ibandronate sodium 150 mg tablet</i>                                                             | 1    | QL                        |                 |    |
| NATPARA                                                                                             | 3    | QL                        | PA              | MS |
| <i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>                                   | 1    |                           |                 |    |
| PROLIA                                                                                              | 3    | QL                        |                 | MS |
| RAYALDEE                                                                                            | 3    | PA                        |                 |    |
| <i>risedronate sodium (5 mg tablet, 30 mg tablet, 35 mg tablet, 35 mg tablet dr, 150 mg tablet)</i> | 1    | QL                        |                 |    |
| <i>teriparatide</i>                                                                                 | 1    | QL                        | PA              | MS |
| TYMLOS                                                                                              | 2    | QL                        | PA              | MS |
| MISCELLANEOUS THERAPEUTIC AGENTS                                                                    |      |                           |                 |    |
| <i>alcohol antiseptic pads med. pad</i>                                                             | 1    |                           |                 |    |
| <i>bd pen needles t2. all other manufacturers t3.</i>                                               | 3    |                           |                 |    |
| BLADE LANCET, SAFETY (0.8 MMX2MM EACH, 1.2 MM EACH, 1.5 MMX2MM EACH)                                | 3    |                           |                 |    |
| BLOOD GLUCOSE AND KETONE CONTROL, NORMAL                                                            | 3    |                           |                 |    |
| BLOOD GLUCOSE CALIBRATION CONTROL SOLUTION, HIGH                                                    | 3    |                           |                 |    |
| BLOOD GLUCOSE CALIBRATION CONTROL SOLUTION, HIGH AND NORMAL                                         | 3    |                           |                 |    |
| BLOOD GLUCOSE CALIBRATION CONTROL SOLUTION, LOW                                                     | 3    |                           |                 |    |
| BLOOD GLUCOSE CALIBRATION CONTROL SOLUTION, NORMAL                                                  | 3    |                           |                 |    |
| BLOOD GLUCOSE CALIBRATION CONTROL SOLUTIONS HIGH,NORMAL,LOW                                         | 3    |                           |                 |    |
| BLOOD KETONE GLUCOSE MONITOR KIT                                                                    | 2    |                           |                 |    |
| BLOOD-GLUCOSE CALIB. CONTROL                                                                        | 3    |                           |                 |    |
| BLUNT NEEDLE, DISPOSABLE                                                                            | 3    |                           |                 |    |
| BRONCHITOL                                                                                          | 3    | QL                        | PA              | MS |
| <i>cervical cap</i>                                                                                 | 0    | C                         | Covered in full |    |
| <i>condoms, female</i>                                                                              | 0    | C                         | Covered in full |    |
| DATA TRANSFER ACCESSORY (INSULIN PEN), BLUETOOTH                                                    | 3    | QL                        |                 |    |
| DEXCOM RECEIVER KIT                                                                                 | 2    | QL                        | PA              |    |

| PRODUCT DESCRIPTION                                                                | TIER | LIMITS/RESTRICTIONS/NOTES |                 |    |
|------------------------------------------------------------------------------------|------|---------------------------|-----------------|----|
| DEXCOM SENSOR KIT                                                                  | 2    | QL                        | PA              |    |
| DEXCOM TRANSMITTER KIT                                                             | 2    | QL                        | PA              |    |
| <i>diaphragms, contoured</i>                                                       | 0    | C                         | Covered in full |    |
| <i>diaphragms, wide seal</i>                                                       | 0    | C                         | Covered in full |    |
| EVRYSDI                                                                            | 3    | QL                        | PA              | MS |
| <i>freestyle freedom lite meter</i>                                                | 2    |                           |                 |    |
| <i>freestyle insulinx glucose sys</i>                                              | 2    |                           |                 |    |
| <i>freestyle insulinx test strips</i>                                              | 2    | QL                        |                 |    |
| FREESTYLE LIBRE, LIBRE 2 & LIBRE 3 READER                                          | 2    | QL                        | PA              |    |
| FREESTYLE LIBRE, LIBRE 2, & LIBRE 3 SENSOR                                         | 2    | QL                        | PA              |    |
| <i>freestyle lite meter</i>                                                        | 2    |                           |                 |    |
| <i>freestyle lite test strips</i>                                                  | 2    | QL                        |                 |    |
| <i>freestyle prec neo test strips</i>                                              | 2    | QL                        |                 |    |
| <i>freestyle precision neo meter</i>                                               | 2    |                           |                 |    |
| <i>freestyle test strips</i>                                                       | 2    | QL                        |                 |    |
| INHALER,ASSIST DEVICE WITH LARGE MASK                                              | 3    | QL                        |                 |    |
| INHALER,ASSIST DEVICE WITH MEDIUM MASK                                             | 3    | QL                        |                 |    |
| INHALER,ASSIST DEVICE WITH SMALL MASK                                              | 3    | QL                        |                 |    |
| INSULIN PEN,REUSABLE,BT LISPRO INSULN PEN                                          | 3    | QL                        |                 |    |
| INSULIN PEN,REUSABLE,BT,ASPART INSULN PEN                                          | 3    | QL                        |                 |    |
| INSULIN PUMP CARTRIDGE                                                             | 3    |                           |                 |    |
| INSULIN PUMP SYRINGE, 1.8 ML                                                       | 3    |                           |                 |    |
| INSULIN PUMP SYRINGE, 3 ML                                                         | 3    |                           |                 |    |
| INSULIN PUMP/INFUSION SET/BLOOD-GLUCOSE METER                                      | 3    | ST                        |                 |    |
| INSULIN SYRINGE-NEEDLE,SAFETY,DISPOSAL UNIT,0.5 ML                                 | 3    |                           |                 |    |
| INTRAVENOUS ADMINISTRATION SET                                                     | 3    |                           |                 |    |
| INTRAVENOUS INFUSION PUMP ACCESSORY (INFUS.SET, MISCELL)                           | 3    |                           |                 |    |
| ISOLEUCINE                                                                         | 3    | PA                        |                 |    |
| <i>isopropyl alcohol (70 % solution, 70 % spray, 91 % solution, 99 % solution)</i> | 1    |                           |                 |    |

| PRODUCT DESCRIPTION                                                                                                                                                                 | TIER | LIMITS/RESTRICTIONS/NOTES |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| ISOPROPYL ALCOHOL (70 % TOWELETTE, 91 % SPRAY, SOLUTION)                                                                                                                            | 3    |                           |
| LAGEVRIO (EUA)                                                                                                                                                                      | 2    | QL                        |
| LANCETS (17 GAUGE EACH, 18 GAUGE EACH, 21 GAUGE EACH, 23 GAUGE EACH, 25 GAUGE EACH, 26 GAUGE EACH, 28 GAUGE EACH, 30 GAUGE EACH, 31 GAUGE EACH, 32 GAUGE EACH, 33 GAUGE EACH, EACH) | 3    |                           |
| LANCING DEVICE EACH                                                                                                                                                                 | 3    |                           |
| LANCING DEVICE, VACUUM/LANCETS                                                                                                                                                      | 3    |                           |
| LANCING DEVICE/LANCETS                                                                                                                                                              | 3    |                           |
| LEUCINE POWDER                                                                                                                                                                      | 3    | PA                        |
| <i>md-gastroview</i>                                                                                                                                                                | 1    |                           |
| <i>medication transfer needle</i>                                                                                                                                                   | 3    |                           |
| <i>methylergonovine maleate 0.2 mg tablet</i>                                                                                                                                       | 1    | QL                        |
| NEBULIZER ACCESSORIES                                                                                                                                                               | 3    |                           |
| NEEDLE CLIP AND STORAGE DEVICE EACH                                                                                                                                                 | 3    |                           |
| NEEDLES, BLOOD COLLECTION (BLOOD 20GX1 1/2" DIS NEEDLE, BLOOD 20GX1" DIS NEEDLE, BLOOD 21 G X 1" DIS NEEDLE, BLOOD 22GX1" DIS NEEDLE)                                               | 3    |                           |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TIER | LIMITS/RESTRICTIONS/NOTES            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------|
| NEEDLES, DISPOSABLE (14GX1" DIS NEEDLE, 14GX1.5" DIS NEEDLE, 14GX2" DIS NEEDLE, 15GX1.5" DIS NEEDLE, 16 G X 1" DIS NEEDLE, 16GX0.625" DIS NEEDLE, 16GX1.5" DIS NEEDLE, 16GX3/4" DIS NEEDLE, 18GX1 1/2" DIS NEEDLE, 18GX1 1/4" DIS NEEDLE, 18GX1" DIS NEEDLE, 19GX1 1/2" DIS NEEDLE, 19GX1" DIS NEEDLE, 20GX1 1/2" DIS NEEDLE, 20GX1" DIS NEEDLE, 20GX3/4" DIS NEEDLE, 21 G X 1" DIS NEEDLE, 21G X1.25" DIS NEEDLE, 21GX1 1/2" DIS NEEDLE, 21GX2" DIS NEEDLE, 22GX1 1/2" DIS NEEDLE, 22GX1" DIS NEEDLE, 22GX3/4" DIS NEEDLE, 23GX1 1/2" DIS NEEDLE, 23GX1" DIS NEEDLE, 23GX1.25" DIS NEEDLE, 23GX3/4" DIS NEEDLE, 24 GX1.25" DIS NEEDLE, 24GX1" DIS NEEDLE, 25GX0.875" DIS NEEDLE, 25GX1 1/2" DIS NEEDLE, 25GX1" DIS NEEDLE, 25GX1.25" DIS NEEDLE, 25GX2" DIS NEEDLE, 25GX3/4" DIS NEEDLE, 25GX5/8" DIS NEEDLE, 26 G X5/8" DIS NEEDLE, 26GX1.5" DIS NEEDLE, 26GX1/2" DIS NEEDLE, 26GX3/8" DIS NEEDLE, 27GX1.25" DIS NEEDLE, 27GX1.5" DIS NEEDLE, 27GX1/2" DIS NEEDLE, 30GX1" DIS NEEDLE, 30GX1/2" DIS NEEDLE, 30GX3/4" DIS NEEDLE, 31 GX5/16" DIS NEEDLE, 32 GX5/16" DIS NEEDLE, DIS NEEDLE) | 3    |                                      |
| NEEDLES, FILTER (18GX1 1/2" DIS NEEDLE, 18GX3" DIS NEEDLE, 19GX1 1/2" DIS NEEDLE, 19GX1" DIS NEEDLE, 20GX1 1/2" DIS NEEDLE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3    |                                      |
| NEEDLES, HUBER DISPOSABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3    |                                      |
| NEEDLES, REUSABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    |                                      |
| NEEDLES, SAFETY (18GX1 1/2" DIS NEEDLE, 18GX1" DIS NEEDLE, 19GX1 1/2" DIS NEEDLE, 19GX1" DIS NEEDLE, 20GX1 1/2" DIS NEEDLE, 20GX1" DIS NEEDLE, 21 G X 1" DIS NEEDLE, 21GX1 1/2" DIS NEEDLE, 22GX1 1/2" DIS NEEDLE, 22GX1" DIS NEEDLE, 22GX3/4" DIS NEEDLE, 23GX1 1/2" DIS NEEDLE, 23GX1" DIS NEEDLE, 23GX5/8" DIS NEEDLE, 25GX1 1/2" DIS NEEDLE, 25GX1" DIS NEEDLE, 25GX5/8" DIS NEEDLE, 26GX1" DIS NEEDLE, 26GX1/2" DIS NEEDLE, 27GX1" DIS NEEDLE, 27GX1/2" DIS NEEDLE, 27GX5/8" DIS NEEDLE, 28GX1/2" DIS NEEDLE, 29 G X1/2" DIS NEEDLE, 30 GX5/16" DIS NEEDLE, 30GX1 1/2" DIS NEEDLE, 30GX1/2" DIS NEEDLE, 31 GX5/16" DIS NEEDLE)                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3    |                                      |
| <i>needles, safety huber, disposable</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1    |                                      |
| ODACTRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    | QL                                   |
| OMNIPOD 5 G6 INTRO KIT (GEN 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | QL ST                                |
| OMNIPOD 5 G6 PODS (GEN 5) 5PK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3    | QL ST                                |
| OMNIPOD CLASSIC PODS(GEN3) 5PK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | QL ST                                |
| OMNIPOD DASH INTRO KIT (GEN 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3    | QL ST                                |
| OMNIPOD DASH PODS (GEN 4) 5PK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3    | QL ST                                |
| <i>onetouch ultra test strip</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2    | QL                                   |
| <i>onetouch ultra2 glucose syst</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2    |                                      |
| <i>onetouch verio flex system kit</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2    |                                      |
| <i>onetouch verio test strip</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2    | QL                                   |
| <i>paragard t 380-a</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0    | C Covered in full as medical benefit |
| PAXLOVID (150-100 MG PACK, 300-100 MG PACK)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2    | QL                                   |
| PEAK FLOW METER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    |                                      |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TIER | LIMITS/RESTRICTIONS/NOTES |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>potassium iodide/iodine</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1    |                           |
| <i>precision xtra monitor</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2    |                           |
| <i>precision xtra test strips</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2    | QL                        |
| RUZURGI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | QL PA                     |
| SAFETY SYRINGE WITH NEEDLE, DISPOSABLE KIT-TRAY, 1 ML (1 ML 25GX1" TRAY, 1 ML 26GX3/8" TRAY, 1 ML 27GX1/2" TRAY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3    |                           |
| SAXENDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3    | QL PA                     |
| SPIROMETERS AND ACCESSORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3    | QL                        |
| SUB-Q INFUSION PUMP ACCESSORY EACH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3    |                           |
| SYRING W-NEEDL 0.5 ML,KIT-TRAY (SYRING 0.5 27GX1/2" TRAY, SYRING 0.5 28GX1/2" TRAY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3    |                           |
| TRANSFER DEVICE, CLOSED SYSTEM (13MM EACH, 20MM EACH, 28MM EACH)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3    |                           |
| TRANSPARENT DRESSING (1.75X1.75" BANDAGE, 2"X2.75" BANDAGE, 2"X3" BANDAGE, 2"X3.96" BANDAGE, 2.125X2.5" BANDAGE, 2.36X2.75" BANDAGE, 2.37X2.75" BANDAGE, 2.375"X4" BANDAGE, 2.5"X2.75" BANDAGE, 3" X 5YARD BANDAGE, 3.25"X14" BANDAGE, 3.5"X10" BANDAGE, 3.5"X4" BANDAGE, 3.5"X4.25" BANDAGE, 3.5"X6" BANDAGE, 3.5"X8" BANDAGE, 3.5X13.75" BANDAGE, 4 3/8"X5" BANDAGE, 4" X 4" SHEET, 4" X 5" BANDAGE, 4"X10" BANDAGE, 4"X12" SHEET, 4"X3.96" BANDAGE, 4"X4 3/4" BANDAGE, 4"X4.5" BANDAGE, 4"X5.5" BANDAGE, 4.5"X4.75" BANDAGE, 4.75"X10" BANDAGE, 5.5"X7" BANDAGE, 5.6"X6.25" BANDAGE, 6" X 8" BANDAGE, 6"X11" BANDAGE, 6"X72" BANDAGE, 8"X12" BANDAGE, 11"X11.75" BANDAGE, 11"X17.75" BANDAGE, 12"X12" SHEET, 12"X24" SHEET, 17.75"X22" BANDAGE, 24"X36" SHEET) | 3    |                           |
| TRIENTINE HCL 500 MG CAPSULE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3    | QL PA                     |
| TYROSINE POWDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3    | PA                        |
| URINE ACETONE TEST STRIPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3    |                           |
| URINE ACETONE TEST,STRIPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3    |                           |
| URINE GLUCOSE TEST STRIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3    |                           |
| URINE GLUCOSE-ACET TEST STRIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    |                           |
| URINE MULTIPLE TEST STRIPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3    |                           |
| VALINE POWDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3    | PA                        |
| VOWST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    | QL PA                     |
| XMET XCYS MAXAMAID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3    | PA                        |
| MODIFIED SOLID FOODS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                           |
| <b><i>All modified solid foods are covered as brands with Prior Authorization</i></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                           |
| OPHTHALMIC AGENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                           |
| OPHTHALMIC AGENTS, OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                           |
| <i>atropine sulfate (1 % drops, 1 % oint. (g))</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>bacitracin/polymyxin b sulfate</i>                                                                                                                    | 1    |                           |
| BLEPHAMIDE S.O.P.                                                                                                                                        | 3    |                           |
| <i>brimonidine tartrate/timolol maleate</i>                                                                                                              | 1    | QL                        |
| <i>cyclopentolate hcl (0.5 % drops, 1 % drops, 2 % drops)</i>                                                                                            | 1    |                           |
| <i>cyclosporine 0.05 % droperette</i>                                                                                                                    | 1    | QL                        |
| <i>dorzolamide hcl/timolol maleate</i>                                                                                                                   | 1    |                           |
| <i>dorzolamide/timolol/pf 2 %-0.5 % droperette</i>                                                                                                       | 1    | QL                        |
| <i>neo-polycin</i>                                                                                                                                       | 1    |                           |
| <i>neo-polycin hc</i>                                                                                                                                    | 1    |                           |
| <i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i>                                                                                       | 1    |                           |
| <i>neomycin sulfate/bacitracin/polymyxin b</i>                                                                                                           | 1    |                           |
| <i>neomycin sulfate/polymyxin b sulfate/gramicidin d</i>                                                                                                 | 1    |                           |
| <i>neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g))</i> | 1    |                           |
| <i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>                                                                                              | 1    |                           |
| OXERVATE                                                                                                                                                 | 3    | QL PA MS                  |
| <i>phenylephrine hcl (2.5 % drops, 10 % drops)</i>                                                                                                       | 1    |                           |
| <i>polycin</i>                                                                                                                                           | 1    |                           |
| PRED-G 1% EYE DROPS                                                                                                                                      | 3    |                           |
| <i>proparacaine hcl</i>                                                                                                                                  | 1    |                           |
| ROCKLATAN                                                                                                                                                | 2    | QL ST                     |
| <i>sulfacetamide sodium/prednisolone sodium phosphate</i>                                                                                                | 1    |                           |
| <i>tetracaine hcl</i>                                                                                                                                    | 1    |                           |
| TOBRADEX EYE OINTMENT                                                                                                                                    | 3    |                           |
| <i>tobramycin/dexamethasone</i>                                                                                                                          | 1    |                           |
| <i>tropicamide (0.5 % drops, 1 % drops)</i>                                                                                                              | 1    |                           |
| VERKAZIA                                                                                                                                                 | 3    | QL PA                     |
| XDEMZY                                                                                                                                                   | 3    | QL PA                     |
| XIIDRA                                                                                                                                                   | 2    | QL                        |
| ZYLET                                                                                                                                                    | 3    |                           |

| PRODUCT DESCRIPTION                               | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------|------|---------------------------|
| OPHTHALMIC ANTI-ALLERGY AGENTS                    |      |                           |
| ALOCRIL                                           | 3    |                           |
| ALOMIDE                                           | 3    |                           |
| azelastine hcl 0.05 % drops                       | 1    |                           |
| bepotastine besilate                              | 1    |                           |
| cromolyn sodium 4 % drops                         | 1    |                           |
| epinastine hcl                                    | 1    |                           |
| LASTACFT                                          | 3    |                           |
| ZERVIAE                                           | 3    |                           |
| OPHTHALMIC ANTI-INFECTIVES                        |      |                           |
| AZASITE                                           | 3    |                           |
| BESIVANCE                                         | 3    |                           |
| erythromycin base 5 mg/gram oint. (g)             | 1    |                           |
| gatifloxacin                                      | 1    |                           |
| gentak                                            | 1    |                           |
| levofloxacin (0.5 % drops, 1.5 % drops)           | 1    |                           |
| moxifloxacin hcl 0.5 % drops                      | 1    | QL                        |
| NATACYN                                           | 3    |                           |
| polymyxin b sulfate/trimethoprim                  | 1    |                           |
| sulfacetamide sodium (10 % drops, 10 % oint. (g)) | 1    |                           |
| tobramycin 0.3 % drops                            | 1    |                           |
| trifluridine                                      | 1    |                           |
| ZIRGAN                                            | 3    |                           |
| OPHTHALMIC ANTI-INFLAMMATORIES                    |      |                           |
| bromfenac sodium 0.09 % drops                     | 1    |                           |
| dexamethasone sodium phosphate 0.1 % drops        | 1    |                           |
| diclofenac sodium 0.1 % drops                     | 1    |                           |
| difluprednate                                     | 1    |                           |
| fluorometholone 0.1 % drops susp                  | 1    |                           |
| flurbiprofen sodium                               | 1    |                           |
| ILEVRO                                            | 3    |                           |
| ketorolac tromethamine (0.4 % drops, 0.5 % drops) | 1    |                           |

| PRODUCT DESCRIPTION                                                               | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|-----------------------------------------------------------------------------------|------|---------------------------|----|
| LOTEMAX (EYE OINTMENT, OPHTHALMIC GEL)                                            | 2    |                           |    |
| LOTEMAX SM                                                                        | 2    |                           |    |
| <i>loteprednol etabonate (0.5 % drops gel, 0.5 % drops susp)</i>                  | 1    |                           |    |
| <i>prednisolone acetate</i>                                                       | 1    |                           |    |
| <i>prednisolone sodium phosphate 1 % drops</i>                                    | 1    |                           |    |
| OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS                                        |      |                           |    |
| <i>betaxolol hcl 0.5 % drops</i>                                                  | 1    |                           |    |
| <i>carteolol hcl</i>                                                              | 1    |                           |    |
| <i>levobunolol hcl</i>                                                            | 1    |                           |    |
| <i>timolol maleate (0.25 % drops, 0.25 % sol-gel, 0.5 % drops, 0.5 % sol-gel)</i> | 1    |                           |    |
| OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER                            |      |                           |    |
| ALPHAGAN P 0.1% DROPS                                                             | 2    |                           |    |
| <i>apraclonidine hcl</i>                                                          | 1    |                           |    |
| <i>brimonidine tartrate (0.1 % drops, 0.15 % drops, 0.2 % drops)</i>              | 1    |                           |    |
| <i>brinzolamide</i>                                                               | 1    |                           |    |
| <i>dorzolamide hcl</i>                                                            | 1    |                           |    |
| <i>methazolamide</i>                                                              | 1    |                           |    |
| PHOSPHOLINE IODIDE 0.125%                                                         | 3    |                           |    |
| PHOSPHOLINE IODIDE 0.125% DROP                                                    | 3    |                           |    |
| <i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>                          | 1    |                           |    |
| RHOPRESSA                                                                         | 2    | QL                        | ST |
| SIMBRINZA 1%-0.2% EYE DROP                                                        | 3    | QL                        |    |
| SIMBRINZA 1%-0.2% EYE DROPS                                                       | 3    | QL                        |    |
| VUITY                                                                             | 3    | QL                        |    |
| OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS                                   |      |                           |    |
| <i>bimatoprost 0.03 % drops (into the eye for glaucoma)</i>                       | 1    |                           |    |
| <i>latanoprost</i>                                                                | 1    | QL                        |    |
| LUMIGAN                                                                           | 2    |                           |    |
| <i>travoprost</i>                                                                 | 1    |                           |    |
| VYZULTA                                                                           | 3    |                           | ST |

| PRODUCT DESCRIPTION                                                                                                                           | TIER | LIMITS/RESTRICTIONS/NOTES |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|
| OTIC AGENTS                                                                                                                                   |      |                           |    |
| acetic acid 2 % solution                                                                                                                      | 1    |                           |    |
| CIPRO HC                                                                                                                                      | 3    |                           |    |
| ciprofloxacin hcl 0.2 % droperette                                                                                                            | 1    | QL                        |    |
| ciprofloxacin hcl/dexamethasone                                                                                                               | 1    |                           |    |
| COLY-MYCIN S                                                                                                                                  | 3    |                           |    |
| CORTISPORIN-TC                                                                                                                                | 3    |                           |    |
| fluocinolone acetonide oil                                                                                                                    | 1    |                           |    |
| hydrocortisone/acetic acid 1 %-2 % drops                                                                                                      | 1    |                           |    |
| neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort drops susp, neomycin/polymyxin b/hydrocort solution)      | 1    |                           |    |
| RESPIRATORY TRACT/PULMONARY AGENTS                                                                                                            |      |                           |    |
| ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS                                                                                                  |      |                           |    |
| ALVESCO (80 MCG INHALER, 160 MCG INHALER)                                                                                                     | 3    | QL                        | ST |
| ARNUITY ELLIPTA                                                                                                                               | 2    | QL                        |    |
| ASMANEX                                                                                                                                       | 2    | QL                        |    |
| ASMANEX HFA (HFA 50 MCG INHALER, HFA 100 MCG INHALER, HFA 200 MCG INHALER)                                                                    | 2    | QL                        |    |
| budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)                                                                  | 1    | QL                        |    |
| FLOVENT DISKUS                                                                                                                                | 2    | QL                        |    |
| FLOVENT HFA (HFA 44 MCG INHALER, HFA 110 MCG INHALER, HFA 220 MCG INHALER)                                                                    | 2    | QL                        |    |
| flunisolide                                                                                                                                   | 1    | QL                        |    |
| FLUTICASONE PROPIONATE (44 MCG AER W/ADAP, 50 MCG BLST W/DEV, 100 MCG BLST W/DEV, 110 MCG AER W/ADAP, 220 MCG AER W/ADAP, 250 MCG BLST W/DEV) | 2    | QL                        |    |
| mometasone furoate 50 mcg spray/pump                                                                                                          | 1    |                           |    |
| QNASL                                                                                                                                         | 2    | QL                        |    |
| QNASL CHILDREN                                                                                                                                | 2    | QL                        |    |
| QVAR REDHALER                                                                                                                                 | 2    | QL                        |    |
| triamcinolone acetonide 55 mcg spray                                                                                                          | 1    |                           |    |
| XHANCE                                                                                                                                        | 3    | QL                        |    |
| ANTI-HISTAMINES                                                                                                                               |      |                           |    |
| azelastine hcl 137 mcg spray/pump                                                                                                             | 1    |                           |    |

| PRODUCT DESCRIPTION                                                                                                                                                                                   | TIER | LIMITS/RESTRICTIONS/NOTES |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| azelastine hcl 205.5 mcg spray/pump                                                                                                                                                                   | 1    | QL                        |
| azelastine hcl/fluticasone propionate                                                                                                                                                                 | 1    | QL PA                     |
| carbinoxamine maleate (4 mg tablet, 4 mg/5 ml liquid)                                                                                                                                                 | 1    |                           |
| clemastine fumarate 2.68 mg tablet                                                                                                                                                                    | 1    |                           |
| cypheptadine hcl                                                                                                                                                                                      | 1    | QL PA                     |
| desloratadine 5 mg tablet                                                                                                                                                                             | 1    |                           |
| diphenhydramine hcl 12.5mg/5ml elixir                                                                                                                                                                 | 1    |                           |
| hydroxyzine hcl (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg tablet, 50 mg/25ml solution)                                                                                                  | 1    |                           |
| hydroxyzine pamoate                                                                                                                                                                                   | 1    |                           |
| promethazine hcl (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet)                                                                                                                                     | 1    |                           |
| RYCLORA                                                                                                                                                                                               | 3    | QL                        |
| ANTILEUKOTRIENES                                                                                                                                                                                      |      |                           |
| montelukast sodium (4 mg gran pack, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)                                                                                                                       | 1    | QL                        |
| zafirlukast                                                                                                                                                                                           | 1    |                           |
| zileuton                                                                                                                                                                                              | 1    | QL                        |
| BRONCHODILATORS, ANTICHOLINERGIC                                                                                                                                                                      |      |                           |
| ATROVENT HFA                                                                                                                                                                                          | 2    |                           |
| INCRUSE ELLIPTA                                                                                                                                                                                       | 2    | QL                        |
| ipratropium bromide                                                                                                                                                                                   | 1    |                           |
| SPIRIVA HANDIHALER                                                                                                                                                                                    | 2    |                           |
| SPIRIVA RESPIMAT                                                                                                                                                                                      | 2    |                           |
| tiotropium bromide                                                                                                                                                                                    | 1    |                           |
| BRONCHODILATORS, SYMPATHOMIMETIC                                                                                                                                                                      |      |                           |
| albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2 mg tablet, 2 mg/5 ml syrup, 2.5 mg/0.5 vial-neb, 2.5 mg/3ml vial-neb, 4 mg tab er 12h, 4 mg tablet, 5 mg/ml solution, 8 mg tab er 12h) | 1    |                           |
| albuterol sulfate 90 mcg hfa aer ad                                                                                                                                                                   | 1    | QL                        |
| ALBUTEROL SULFATE 90 MCG HFA AER AD (ALTERNATIVE TO VENTOLIN HFA)                                                                                                                                     | 3    | QL                        |
| arformoterol tartrate                                                                                                                                                                                 | 1    | QL                        |
| AUVI-Q                                                                                                                                                                                                | 3    | QL                        |
| epinephrine                                                                                                                                                                                           | 1    |                           |
| formoterol fumarate                                                                                                                                                                                   | 1    | QL                        |

| PRODUCT DESCRIPTION                                                                                                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|
| <i>levalbuterol hcl (0.31mg/3ml vial-neb, 0.63mg/3ml vial-neb, 1.25mg/0.5 vial-neb, 1.25mg/3ml vial-neb)</i>                                                                             | 1    |                           |    |    |
| LEVALBUTEROL TARTRATE                                                                                                                                                                    | 2    |                           |    |    |
| SEREVENT DISKUS                                                                                                                                                                          | 2    |                           |    |    |
| STRIVERDI RESPIMAT                                                                                                                                                                       | 2    | QL                        |    |    |
| SYMJEPI                                                                                                                                                                                  | 2    | QL                        |    |    |
| <i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i>                                                                                                                                  | 1    |                           |    |    |
| CYSTIC FIBROSIS AGENTS                                                                                                                                                                   |      |                           |    |    |
| CAYSTON                                                                                                                                                                                  | 3    | MS                        |    |    |
| KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)                                                 | 3    | QL                        | PA | MS |
| KITABIS PAK                                                                                                                                                                              | 3    | MS                        |    |    |
| ORKAMBI (75-94 MG GRANULE PKT, 100 MG-125 MG TABLET, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT, 200 MG-125 MG TABLET)                                                               | 3    | QL                        | PA | MS |
| SYMDEKO                                                                                                                                                                                  | 3    | QL                        | PA | MS |
| TOBI PODHALER                                                                                                                                                                            | 3    | QL                        | MS |    |
| <i>tobramycin 300 mg/4ml ampul-neb</i>                                                                                                                                                   | 1    | QL                        | MS |    |
| <i>tobramycin in 0.225 % sodium chloride</i>                                                                                                                                             | 1    |                           |    |    |
| TRIKAFTA (50-25-37.5 MG/75 MG, 80-40-60MG/59.5MG PKT, 100-50-75 MG/150 MG, 100-50-75 MG/75MG PKT)                                                                                        | 3    | QL                        | PA | MS |
| MAST CELL STABILIZERS                                                                                                                                                                    |      |                           |    |    |
| <i>cromolyn sodium 20 mg/2 ml ampul-neb</i>                                                                                                                                              | 1    |                           |    |    |
| PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE                                                                                                                                            |      |                           |    |    |
| <i>caffeine citrate 60 mg/3 ml solution</i>                                                                                                                                              | 1    |                           |    |    |
| <i>roflumilast</i>                                                                                                                                                                       | 1    | QL                        |    |    |
| <i>theophylline anhydrous (80 mg/15ml elixir, 80 mg/15ml solution, 100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i> | 1    |                           |    |    |
| PULMONARY ANTIHYPERTENSIVES                                                                                                                                                              |      |                           |    |    |
| ADEMPAS                                                                                                                                                                                  | 3    | QL                        | PA | MS |
| <i>ambrisentan</i>                                                                                                                                                                       | 1    | QL                        | PA | MS |
| <i>bosentan</i>                                                                                                                                                                          | 1    | QL                        | PA | MS |
| LIQREV                                                                                                                                                                                   | 3    | QL                        | PA | MS |
| OPSUMIT                                                                                                                                                                                  | 3    | QL                        | PA | MS |

| PRODUCT DESCRIPTION                                                                                                                                                      | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|
| ORENITRAM ER                                                                                                                                                             | 3    | PA                        | MS |    |
| ORENITRAM MONTH 1 TITRATION KT                                                                                                                                           | 3    | PA                        | MS |    |
| ORENITRAM MONTH 2 TITRATION KT                                                                                                                                           | 3    | PA                        | MS |    |
| ORENITRAM MONTH 3 TITRATION KT                                                                                                                                           | 3    | PA                        | MS |    |
| <i>sildenafil citrate (10 mg/ml susp recon, 20 mg tablet)</i>                                                                                                            | 1    | QL                        | PA | MS |
| TYVASO                                                                                                                                                                   | 3    | QL                        | PA | MS |
| UPTRAVI (200 MCG TABLET, 200-800 TITRATION PACK, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET) | 3    | QL                        | PA | MS |
| PULMONARY FIBROSIS AGENTS                                                                                                                                                |      |                           |    |    |
| OFEV                                                                                                                                                                     | 2    | QL                        | PA | MS |
| <i>pirfenidone (267 mg capsule, 267 mg tablet, 801 mg tablet)</i>                                                                                                        | 1    | QL                        | PA | MS |
| RESPIRATORY TRACT AGENTS, OTHER                                                                                                                                          |      |                           |    |    |
| <i>acetylcysteine (100 mg/ml vial, 200 mg/ml vial)</i>                                                                                                                   | 1    |                           |    |    |
| ADVAIR HFA                                                                                                                                                               | 2    | QL                        |    |    |
| AIRSUPRA                                                                                                                                                                 | 3    | QL                        | PA |    |
| ANORO ELLIPTA                                                                                                                                                            | 2    | QL                        |    |    |
| <i>benzonatate (100 mg capsule, 150 mg capsule, 200 mg capsule)</i>                                                                                                      | 1    |                           |    |    |
| BEVESPI AEROSPHERE                                                                                                                                                       | 2    | QL                        |    |    |
| BREO ELLIPTA (50-25 MCG INHALER, 100-25 MCG INHALR)                                                                                                                      | 2    | QL                        |    |    |
| BREO ELLIPTA 200-25 MCG INHALR                                                                                                                                           | 2    |                           |    |    |
| <i>breyana</i>                                                                                                                                                           | 1    | QL                        |    |    |
| BREZTRI AEROSPHERE                                                                                                                                                       | 2    | QL                        |    |    |
| <i>bromfed dm</i>                                                                                                                                                        | 1    |                           |    |    |
| <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>                                                                                                      | 1    |                           |    |    |
| <i>codeine phosphate/guaifenesin (phosphate/guaifenesin 10-100mg/5 liquid, phosphate/guaifenesin 20-200/10 liquid)</i>                                                   | 1    |                           |    |    |
| COMBIVENT RESPIMAT                                                                                                                                                       | 2    | QL                        |    |    |
| DULERA (50 MCG INHALER, 100 MCG INHALER, 200 MCG INHALER)                                                                                                                | 2    | QL                        |    |    |
| FASENRA PEN                                                                                                                                                              | 2    | QL                        | PA | MS |

| PRODUCT DESCRIPTION                                                                                                                                                               | TIER | LIMITS/RESTRICTIONS/NOTES |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 100-50 mcg blst w/dev, propion/salmeterol 250-50 mcg blst w/dev, propion/salmeterol 500-50 mcg blst w/dev)</i> | 1    | QL                        |
| FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE (PROPION/SALMETEROL 55-14 MCG AER POW BA, PROPION/SALMETEROL 113-14 MCG AER POW BA, PROPION/SALMETEROL 232-14 MCG AER POW BA)         | 2    | QL                        |
| g tussin ac                                                                                                                                                                       | 1    |                           |
| GRASTEK                                                                                                                                                                           | 3    | QL                        |
| <i>guaiaatussin ac</i>                                                                                                                                                            | 1    |                           |
| <i>guaifenesin ac</i>                                                                                                                                                             | 1    |                           |
| <i>hydrocodone bitartrate/homatropine methylbromide</i>                                                                                                                           | 1    |                           |
| <i>hydrocodone polistirex/chlorpheniramine polistirex</i>                                                                                                                         | 1    | QL                        |
| <i>hydromet</i>                                                                                                                                                                   | 1    |                           |
| <i>ipratropium bromide/albuterol sulfate</i>                                                                                                                                      | 1    |                           |
| m-clear wc                                                                                                                                                                        | 1    |                           |
| NUCALA (40 MG/0.4 ML SYRINGE, 100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)                                                                                                         | 2    | QL PA MS                  |
| ORALAIR                                                                                                                                                                           | 3    | QL                        |
| <i>phenylephrine hcl/promethazine hcl</i>                                                                                                                                         | 1    |                           |
| <i>promethazine hcl/codeine 6.25-10/5 syrup</i>                                                                                                                                   | 1    |                           |
| <i>promethazine hcl/dextromethorphan hbr</i>                                                                                                                                      | 1    |                           |
| <i>promethazine/phenylephrine hcl/codeine</i>                                                                                                                                     | 1    |                           |
| RAGWITEK                                                                                                                                                                          | 3    | QL                        |
| <i>ribavirin 6 g vial-neb</i>                                                                                                                                                     | 1    | MS                        |
| <i>sodium chloride for inhalation</i>                                                                                                                                             | 1    |                           |
| STIOLTO RESPIMAT                                                                                                                                                                  | 2    | QL                        |
| SYMBICORT                                                                                                                                                                         | 2    | QL                        |
| TRELEGY ELLIPTA                                                                                                                                                                   | 2    | QL                        |
| <i>virtussin ac</i>                                                                                                                                                               | 1    |                           |
| <i>wixela inhub</i>                                                                                                                                                               | 1    | QL                        |
| SKELETAL MUSCLE RELAXANTS                                                                                                                                                         |      |                           |
| <i>carisoprodol 250 mg tablet</i>                                                                                                                                                 | 1    | QL PA                     |
| <i>carisoprodol 350 mg tablet</i>                                                                                                                                                 | 1    |                           |
| <i>carisoprodol/aspirin</i>                                                                                                                                                       | 1    |                           |

| PRODUCT DESCRIPTION                                                                                                             | TIER | LIMITS/RESTRICTIONS/NOTES |
|---------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>carisoprodol/aspirin/codeine phosphate</i>                                                                                   | 1    | PA                        |
| CHLORZOXAZONE 250 MG TABLET                                                                                                     | 3    | QL                        |
| <i>chlorzoxazone 500 mg tablet</i>                                                                                              | 1    | QL                        |
| <i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>                                                                          | 1    |                           |
| CYCLOBENZAPRINE HCL 15 MG CAP ER 24H                                                                                            | 3    | QL                        |
| <i>metaxall</i>                                                                                                                 | 1    | QL                        |
| <i>metaxalone 400 mg tablet</i>                                                                                                 | 1    |                           |
| <i>metaxalone 800 mg tablet</i>                                                                                                 | 1    | QL                        |
| <i>methocarbamol (500 mg tablet, 750 mg tablet)</i>                                                                             | 1    |                           |
| <i>orphenadrine citrate 100 mg tablet er</i>                                                                                    | 1    |                           |
| SLEEP DISORDER AGENTS                                                                                                           |      |                           |
| SLEEP PROMOTING AGENTS                                                                                                          |      |                           |
| DAYVIGO                                                                                                                         | 3    | QL ST                     |
| <i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>                                                                                   | 1    | QL                        |
| EDLUAR 5 MG SL TABLET                                                                                                           | 3    | QL ST                     |
| <i>estazolam</i>                                                                                                                | 1    |                           |
| <i>eszopiclone</i>                                                                                                              | 1    | QL                        |
| <i>flurazepam hcl</i>                                                                                                           | 1    |                           |
| HETLIOZ                                                                                                                         | 3    | QL PA MS                  |
| HETLIOZ LQ                                                                                                                      | 3    | QL PA MS                  |
| <i>ramelteon</i>                                                                                                                | 1    | QL                        |
| <i>tasimelteon</i>                                                                                                              | 1    | QL PA MS                  |
| <i>temazepam</i>                                                                                                                | 1    |                           |
| <i>triazolam</i>                                                                                                                | 1    |                           |
| <i>zaleplon (5 mg capsule, 10 mg capsule)</i>                                                                                   | 1    | QL                        |
| <i>zolpidem tartrate (1.75 mg tab subl, 3.5 mg tab subl, 5 mg tablet, 6.25 mg tab mphase, 10 mg tablet, 12.5 mg tab mphase)</i> | 1    | QL                        |
| ZOLPIMIST                                                                                                                       | 3    | QL ST                     |
| WAKEFULNESS PROMOTING AGENTS                                                                                                    |      |                           |
| <i>armodafinil (50 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i>                                                  | 1    | QL                        |

| PRODUCT DESCRIPTION                                                         | TIER | LIMITS/RESTRICTIONS/NOTES |                 |    |
|-----------------------------------------------------------------------------|------|---------------------------|-----------------|----|
| LUMRYZ (ER 4.5 GM PACKET, ER 6 GM PACKET, ER 7.5 GM PACKET, ER 9 GM PACKET) | 3    | QL                        | PA              | MS |
| <i>modafinil</i>                                                            | 1    | QL                        |                 |    |
| SODIUM OXYBATE                                                              | 3    | QL                        | PA              |    |
| SUNOSI                                                                      | 3    | QL                        | PA              |    |
| XYREM                                                                       | 3    | QL                        | PA              |    |
| XYWAV                                                                       | 3    | QL                        | PA              |    |
| Uncategorized                                                               |      |                           |                 |    |
| Unclassified                                                                |      |                           |                 |    |
| AGAMREE                                                                     | 3    | QL                        | PA              |    |
| ALVAIZ                                                                      | 3    | QL                        | PA              |    |
| BOSULIF (50 MG CAPSULE, 100 MG CAPSULE)                                     | 3    | QL                        | PA              | MS |
| <i>chlorpromazine hcl 25 mg/ml vial</i>                                     | 1    |                           |                 |    |
| FABHALTA                                                                    | 3    | QL                        | PA              |    |
| FILSUVEZ                                                                    | 3    | QL                        | PA              |    |
| HEMLIBRA (12 MG/0.4 ML VIAL, 300 MG/2 ML VIAL)                              | 3    | PA                        | MS              |    |
| INSTA-GLUCOSE                                                               | 3    |                           |                 |    |
| INSULIN PUMP CART,AUTOMATED DOSING,BT,G6/G7 WITH CONTROLLER                 | 3    | QL                        | ST              |    |
| INSULIN PUMP CARTRIDGE,SUBCUT AUTOMATED DOSING,BT,G6/G7                     | 3    | QL                        | ST              |    |
| IWILFIN                                                                     | 3    | QL                        | PA              |    |
| OGSIVEO (100 MG TABLET, 150 MG TABLET)                                      | 3    | QL                        | PA              | MS |
| OPILL                                                                       | 3    | C                         | Covered in full |    |
| OPSYNVI (10-20 MG TABLET, 10-40 MG TABLET)                                  | 3    | QL                        | PA              | MS |
| REZDIFFRA                                                                   | 3    | QL                        | PA              | MS |
| RIVFLOZA (80 MG/0.5 ML VIAL, 128 MG/0.8 ML SYRINGE, 160 MG/ML SYRINGE)      | 3    | QL                        | PA              |    |
| SPEVIGO 150 MG/ML SYRINGE                                                   | 3    | QL                        | PA              | MS |
| TRAMADOL HCL 25 MG TABLET                                                   | 3    | QL                        |                 |    |
| UDENYCA ONBODY                                                              | 2    | MS                        |                 |    |
| WAINUA                                                                      | 3    | QL                        | PA              |    |

| PRODUCT DESCRIPTION                                                                                   | TIER | LIMITS/RESTRICTIONS/NOTES |    |    |
|-------------------------------------------------------------------------------------------------------|------|---------------------------|----|----|
| WINREVAIR                                                                                             | 3    | QL                        | PA | MS |
| XOLAIR (75 MG/0.5 ML AUTOINJECT, 150 MG/ML AUTOINJECTOR, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE) | 3    | QL                        | PA | MS |
| ZENPEP DR 60,000 UNIT CAPSULE                                                                         | 2    |                           |    |    |
| ZILBRYSQ (16.6 MG/0.416 ML SYRN, 23 MG/0.574 ML SYRING, 32.4 MG/0.81 ML SYRNG)                        | 3    | QL                        | PA |    |

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| ciprofloxacin . . . . .                   | 12     | codeine phosphate/butalbital/aspirin/caffeine . | 7     | COTEMPLA XR-ODT . . . . .               | 48         |
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| ciprofloxacin hcl/dexamethasone . . . . . | 109    | codeine sulfate . . . . .                       | 7     | covaryx . . . . .                       | 85         |
| ciprofloxacin/ciprofloxacin hcl . . . . . | 12     | colchicine . . . . .                            | 19    | covaryx h.s. . . . .                    | 85         |
| citalopram hydrobromide . . . . .         | 16     | colesevelam hcl . . . . .                       | 46    | CREATINE MONOHYDRATE . . . . .          | 58         |
| CITRANATAL MEDLEY . . . . .               | 57     | colestipol hcl . . . . .                        | 46    | CREON . . . . .                         | 78         |
| citric acid/sodium citrate . . . . .      | 81     | colocort . . . . .                              | 100   | CRESEMBA . . . . .                      | 18         |
| citroma . . . . .                         | 74     | COLY-MYCIN S . . . . .                          | 109   | CRINONE . . . . .                       | 91         |
| CITRULLINE . . . . .                      | 57     | COMBIPATCH . . . . .                            | 91    | CRIXIVAN . . . . .                      | 33         |
| CITRULLINE 1000 . . . . .                 | 57     | COMBIVENT RESPIMAT . . . . .                    | 112   | cromolyn sodium . . . . .               | 78,107,111 |
| CITRULLINE 200 . . . . .                  | 57     | COMETRIQ . . . . .                              | 24    | cryselle . . . . .                      | 85         |
| claravis . . . . .                        | 51     | COMIRNATY . . . . .                             | 97    | curae . . . . .                         | 91         |
| clarithromycin . . . . .                  | 12     | compazine . . . . .                             | 17    | CUVPOSA . . . . .                       | 76         |
| clearlax . . . . .                        | 74     | COMPLEAT . . . . .                              | 57    | cyanocobalamin (vitamin b-12) . . . . . | 58         |
| clemastine fumarate . . . . .             | 110    | COMPLEAT ORGANIC BLEND CHICKEN . . .            | 58    | CYCLINEX-1 . . . . .                    | 58         |
| CLENPIQ . . . . .                         | 74     | COMPLEAT ORGANIC BLENDS PLANT . . .             | 58    | CYCLINEX-2 . . . . .                    | 58         |
| CLIMARA PRO . . . . .                     | 91     | COMPLEAT PED ORG BLEND CHICKEN . . .            | 58    | cyclobenzaprine hcl . . . . .           | 114        |
| clindacin etz . . . . .                   | 10     | COMPLEAT PED ORG BLENDS PLANT . . .             | 58    | CYCLOBENZAPRINE HCL . . . . .           | 114        |
| clindacin p . . . . .                     | 10     | COMPLEAT PEDIATRIC . . . . .                    | 58    | cyclopentolate hcl . . . . .            | 106        |
| clindamycin hcl . . . . .                 | 10     | COMPLEAT PEDIATRIC REDUCED CAL . . .            | 58    | CYCLOPHOSPHAMIDE . . . . .              | 21         |
| clindamycin palmitate hcl . . . . .       | 10     | COMPLERA . . . . .                              | 32    | cyclophosphamide (25 mg capsule, 50 mg  |            |
| clindamycin phosphate . . . . .           | 10,55  | COMPLETE AMINO ACID MIX . . . . .               | 58    | capsule) . . . . .                      | 21         |

|                                                               |        |                                                                            |     |                                                               |          |
|---------------------------------------------------------------|--------|----------------------------------------------------------------------------|-----|---------------------------------------------------------------|----------|
| cycloserine . . . . .                                         | 20     | deblitane . . . . .                                                        | 91  | diaphragms, contoured . . . . .                               | 102      |
| CYCLOSET . . . . .                                            | 35     | deferasirox . . . . .                                                      | 56  | diaphragms, wide seal . . . . .                               | 102      |
| cyclosporine . . . . .                                        | 96,106 | deflazacort . . . . .                                                      | 82  | DIARESQ . . . . .                                             | 58       |
| cyclosporine, modified . . . . .                              | 96     | delestrogen . . . . .                                                      | 85  | diazepam . . . . .                                            | 14,34    |
| CYLTEZO(CF) . . . . .                                         | 96     | DELSTRIGO . . . . .                                                        | 32  | diazoxide . . . . .                                           | 36       |
| CYLTEZO(CF) PEN . . . . .                                     | 96     | deltasone . . . . .                                                        | 82  | dichlorphenamide . . . . .                                    | 78       |
| CYLTEZO(CF) PEN CROHN'S-UC-HS . . . . .                       | 96     | delyla . . . . .                                                           | 85  | diclofenac potassium . . . . .                                | 5        |
| CYLTEZO(CF) PEN PSORIASIS-UV . . . . .                        | 96     | demeclocycline hcl . . . . .                                               | 13  | diclofenac sodium . . . . .                                   | 5,53,107 |
| cyproheptadine hcl . . . . .                                  | 110    | denta 5000 plus . . . . .                                                  | 51  | diclofenac sodium/misoprostol . . . . .                       | 5        |
| cyred . . . . .                                               | 85     | denta 5000 plus sensitive . . . . .                                        | 51  | DICLOFENAC SUBMICRONIZED . . . . .                            | 5        |
| cyred eq . . . . .                                            | 85     | dentagel . . . . .                                                         | 51  | dicloxacillin sodium . . . . .                                | 12       |
| CYSTADANE . . . . .                                           | 78     | DERMACINRX SILAZONE . . . . .                                              | 82  | dicyclomine hcl . . . . .                                     | 76       |
| CYSTADROPS . . . . .                                          | 78     | DESCOVY . . . . .                                                          | 32  | didanosine . . . . .                                          | 32       |
| CYSTAGON . . . . .                                            | 78     | desipramine hcl . . . . .                                                  | 17  | diethylpropion hcl . . . . .                                  | 49       |
| CYSTARAN . . . . .                                            | 78     | desloratadine . . . . .                                                    | 110 | DIFICID . . . . .                                             | 12       |
| CYSTINE . . . . .                                             | 58     | desmopressin acetate . . . . .                                             | 82  | diflunisal . . . . .                                          | 5        |
| CYTO CARN . . . . .                                           | 58     | desmopressin acetate (non-refrigerated) . . . . .                          | 83  | difluprednate . . . . .                                       | 107      |
| CYTO RALA . . . . .                                           | 58     | desogestrel-ethinyl estradiol . . . . .                                    | 85  | digitek . . . . .                                             | 44       |
| CYTO-Q MAX . . . . .                                          | 58     | desogestrel-ethinyl estradiol/ethinyl estradiol . . . . .                  | 85  | digox . . . . .                                               | 44       |
| CYTO-Q T-F . . . . .                                          | 58     | desonide . . . . .                                                         | 52  | digoxin . . . . .                                             | 44       |
| CYTOLLINE . . . . .                                           | 58     | desoximetasone . . . . .                                                   | 52  | dihydroergotamine mesylate . . . . .                          | 19       |
| CYTOTINE . . . . .                                            | 58     | desvenlafaxine er . . . . .                                                | 16  | dihydroergotamine mesylate 0.5mg/spry<br>spray/pump . . . . . | 20       |
|                                                               |        | desvenlafaxine succinate . . . . .                                         | 16  | dilt-xr . . . . .                                             | 43       |
|                                                               |        | DEX4 GLUCOSE . . . . .                                                     | 36  | diltiazem hcl . . . . .                                       | 43       |
| dabigatran etexilate mesylate . . . . .                       | 39     | dex4 glucose . . . . .                                                     | 36  | dimethyl fumarate . . . . .                                   | 50       |
| dalfampridine . . . . .                                       | 50     | dex4 glucose bits . . . . .                                                | 36  | DIPENTUM . . . . .                                            | 100      |
| danazol . . . . .                                             | 84     | dexamethasone . . . . .                                                    | 82  | diphenhydramine hcl . . . . .                                 | 110      |
| dantrolene sodium . . . . .                                   | 30     | dexamethasone sodium phosphate . . . . .                                   | 107 | diphenoxylate hcl/atropine sulfate . . . . .                  | 76       |
| dapsone . . . . .                                             | 20,55  | DEXCOM RECEIVER KIT . . . . .                                              | 101 | dipyridamole . . . . .                                        | 40       |
| DAPTACEL DTAP . . . . .                                       | 97     | DEXCOM SENSOR KIT . . . . .                                                | 102 | disopyramide phosphate . . . . .                              | 42       |
| darifenacin hydrobromide . . . . .                            | 80     | DEXCOM TRANSMITTER KIT . . . . .                                           | 102 | disulfiram . . . . .                                          | 9        |
| DARTISLA . . . . .                                            | 76     | dexedrine . . . . .                                                        | 47  | divalproex sodium . . . . .                                   | 13       |
| darunavir . . . . .                                           | 33     | dexlansoprazole . . . . .                                                  | 78  | dofetilide . . . . .                                          | 42       |
| darunavir ethanolate . . . . .                                | 33     | dexamethylphenidate hcl . . . . .                                          | 48  | DOJOLVI . . . . .                                             | 58       |
| dasetta . . . . .                                             | 85     | dextroamphetamine sulf-<br>saccharate/amphetamine sulf-aspartate . . . . . | 48  | donepezil hcl . . . . .                                       | 15       |
| DATA TRANSFER ACCESSORY (INSULIN<br>PEN), BLUETOOTH . . . . . | 101    | dextroamphetamine sulfate . . . . .                                        | 48  | DOPTELET . . . . .                                            | 40       |
| DAURISMO . . . . .                                            | 24     | dextrose . . . . .                                                         | 36  | dorzolamide hcl . . . . .                                     | 108      |
| DAYBUE . . . . .                                              | 78     | DEXTROSE . . . . .                                                         | 36  | dorzolamide hcl/timolol maleate . . . . .                     | 106      |
| daysee . . . . .                                              | 85     | DIABETISOURCE AC . . . . .                                                 | 58  | dorzolamide hcl/timolol maleate/pf . . . . .                  | 106      |
| DAYVIGO . . . . .                                             | 114    | DIACOMIT . . . . .                                                         | 13  | dotti . . . . .                                               | 85       |

## D

|                                                                    |        |                                                   |    |                                        |    |
|--------------------------------------------------------------------|--------|---------------------------------------------------|----|----------------------------------------|----|
| DOVATO . . . . .                                                   | 31     | EGG-PRO . . . . .                                 | 59 | ENFAMIL GENTLEASE NON-GMO . . . . .    | 59 |
| doxazosin mesylate . . . . .                                       | 41     | EGRIFTA . . . . .                                 | 83 | ENFAMIL HUMAN MILK FORTIFIER . . . . . | 59 |
| doxepin hcl . . . . .                                              | 17,114 | EGRIFTA SV . . . . .                              | 83 | ENFAMIL INFANT . . . . .               | 59 |
| doxercalciferol . . . . .                                          | 100    | ELECARE . . . . .                                 | 59 | ENFAMIL INFANT NON-GMO . . . . .       | 59 |
| doxycycline hyclate . . . . .                                      | 13     | ELECARE JR . . . . .                              | 59 | ENFAMIL NEURO GENTLEASE NONGMO .59     |    |
| doxycycline monohydrate . . . . .                                  | 13     | eletriptan hydrobromide . . . . .                 | 20 | ENFAMIL NEUROPRO NON-GMO . . . . .     | 59 |
| doxylamine succinate/pyridoxine hcl (vitamin<br>b6) . . . . .      | 17     | elinest . . . . .                                 | 86 | ENFAMIL NEWBORN . . . . .              | 59 |
| dronabinol . . . . .                                               | 18     | ELIQUIS . . . . .                                 | 39 | ENFAMIL NEWBORN NON-GMO . . . . .      | 59 |
| drospirenone/ethinyl estradiol/levomefolate<br>calcium . . . . .   | 85     | ella . . . . .                                    | 91 | ENFAMIL PREMATURE . . . . .            | 59 |
| DROXIA . . . . .                                                   | 22     | ELMIRON . . . . .                                 | 81 | ENFAMIL PROSOBEE . . . . .             | 59 |
| droxidopa . . . . .                                                | 41     | eluryng . . . . .                                 | 86 | ENFAMIL PROSOBEE LIPIL . . . . .       | 59 |
| DRYSOL . . . . .                                                   | 53     | EMCYT . . . . .                                   | 22 | ENFAMIL REGULINE . . . . .             | 59 |
| DUAVEE . . . . .                                                   | 93     | EMFLAZA . . . . .                                 | 82 | ENFAPORT . . . . .                     | 59 |
| DULERA . . . . .                                                   | 112    | EMGALITY PEN . . . . .                            | 20 | ENERGIX-B ADULT . . . . .              | 98 |
| duloxetine hcl . . . . .                                           | 49     | EMGALITY SYRINGE . . . . .                        | 20 | ENERGIX-B PEDIATRIC-ADOLESCENT . .98   |    |
| DUOCAL . . . . .                                                   | 58     | emoquette . . . . .                               | 86 | enoxaparin sodium . . . . .            | 39 |
| DUPIXENT PEN . . . . .                                             | 95     | EMPAVELI . . . . .                                | 95 | enpresse . . . . .                     | 86 |
| DUPIXENT SYRINGE . . . . .                                         | 95     | emtricitabine . . . . .                           | 32 | enskyce . . . . .                      | 86 |
| dutasteride . . . . .                                              | 80     | emtricitabine/tenofovir disoproxil fumarate . .32 |    | ENSPRYNG . . . . .                     | 95 |
| dutasteride/tamsulosin hcl . . . . .                               | 80     | EMTRIVA . . . . .                                 | 32 | ENSTILAR . . . . .                     | 53 |
| DYANAVEL XR . . . . .                                              | 48     | emzahh . . . . .                                  | 91 | ENSURE . . . . .                       | 60 |
| <b>E</b>                                                           |        | enalapril maleate . . . . .                       | 41 | ENSURE ACTIVE HEART HEALTH . . . . .   | 60 |
|                                                                    |        | enalapril maleate/hydrochlorothiazide . . . .44   |    | ENSURE ACTIVE HIGH PROTEIN . . . . .   | 60 |
|                                                                    |        | ENBREL . . . . .                                  | 96 | ENSURE ACTIVE LIGHT . . . . .          | 60 |
|                                                                    |        | ENBREL MINI . . . . .                             | 96 | ENSURE ACTIVE MUSCLE HEALTH . . . . .  | 60 |
| EAA . . . . .                                                      | 58     | ENBREL SURECLICK . . . . .                        | 96 | ENSURE ACTIVE PROTEIN-MUSCLE . . . .60 |    |
| econazole nitrate . . . . .                                        | 18     | ENDARI . . . . .                                  | 78 | ENSURE CLEAR . . . . .                 | 60 |
| econtra ez . . . . .                                               | 91     | endocet . . . . .                                 | 8  | ENSURE CLEAR THERAPEUTIC . . . . .     | 60 |
| econtra one-step . . . . .                                         | 91     | ENDOMETRIN . . . . .                              | 91 | ENSURE COMPACT . . . . .               | 60 |
| ecotrin . . . . .                                                  | 5      | ENFAGROW NEUROPRO TODDLR                          |    | ENSURE ENLIVE . . . . .                | 60 |
| ed-spaz . . . . .                                                  | 76     | NOGMO . . . . .                                   | 59 | ENSURE HIGH PROTEIN . . . . .          | 60 |
| EDLUAR . . . . .                                                   | 114    | ENFAGROW TODDLER NEXT STEP . . . . .              | 59 | ENSURE LIQUID . . . . .                | 60 |
| EDURANT . . . . .                                                  | 32     | ENFAGROW TODDLER TRANSITIONS . . . . .            | 59 | ENSURE MAX PROTEIN . . . . .           | 60 |
| eemt . . . . .                                                     | 85     | ENFAGROW TODLR NXT STP NON-GMO .59                |    | ENSURE MUSCLE HEALTH . . . . .         | 60 |
| eemt h.s. . . . .                                                  | 85     | ENFAMIL . . . . .                                 | 59 | ENSURE ORIGINAL . . . . .              | 60 |
| efavirenz . . . . .                                                | 32     | ENFAMIL 24 . . . . .                              | 59 | ENSURE PLUS . . . . .                  | 60 |
| efavirenz/emtricitabine/tenofovir disoproxil<br>fumarate . . . . . | 32     | ENFAMIL A.R. . . . .                              | 59 | ENSURE POWDER . . . . .                | 60 |
| efavirenz/lamivudine/tenofovir disoproxil<br>fumarate . . . . .    | 32     | ENFAMIL ENFACARE . . . . .                        | 59 | ENSURE PRE-SURGERY . . . . .           | 60 |
| effek-k . . . . .                                                  | 59     | ENFAMIL ENSPIRE INFANT FORMULA . . .59            |    | ENSURE SURGERY . . . . .               | 60 |
|                                                                    |        | ENFAMIL FOR SUPPLEMENTING . . . . .               | 59 | entacapone . . . . .                   | 28 |
|                                                                    |        | ENFAMIL GENTLEASE . . . . .                       | 59 | ENTADFI . . . . .                      | 80 |

|                                                                                                |        |                                                  |       |                                                                                          |       |
|------------------------------------------------------------------------------------------------|--------|--------------------------------------------------|-------|------------------------------------------------------------------------------------------|-------|
| entecavir . . . . .                                                                            | 31     | ethacrynic acid . . . . .                        | 45    | fenoprofen calcium . . . . .                                                             | 5     |
| ENTERAL FORMULA REQUIRES PRIOR AUTHORIZATION. BRANDS ARE TIER 3 & GENERICS ARE TIER 1. . . . . | 60     | ethambutol hcl . . . . .                         | 21    | fentanyl . . . . .                                                                       | 6     |
| ENTRESTO . . . . .                                                                             | 44     | ethinyl estradiol/drospirenone . . . . .         | 86    | fentanyl (37.5mcg/hr patch td72, 62.5mcg/hr patch td72, 87.5mcg/hr patch td72) . . . . . | 6     |
| enulose . . . . .                                                                              | 75     | ethosuximide . . . . .                           | 14    | FENTANYL CITRATE . . . . .                                                               | 8     |
| ENVARUSUS XR . . . . .                                                                         | 96     | ethynodiol diacetate-ethinyl estradiol . . . . . | 86    | fentanyl citrate . . . . .                                                               | 8     |
| EO28 SPLASH . . . . .                                                                          | 60     | etidronate disodium . . . . .                    | 101   | FENTORA . . . . .                                                                        | 8     |
| EPCLUSA . . . . .                                                                              | 31     | etodolac . . . . .                               | 5     | fesoterodine fumarate . . . . .                                                          | 80    |
| EPIDIOLEX . . . . .                                                                            | 13     | etonogestrel/ethinyl estradiol . . . . .         | 86    | FETZIMA . . . . .                                                                        | 16    |
| epinastine hcl . . . . .                                                                       | 107    | etoposide . . . . .                              | 23    | FIASP . . . . .                                                                          | 37    |
| epinephrine . . . . .                                                                          | 110    | etravirine . . . . .                             | 32    | FIASP FLEXTOUCH . . . . .                                                                | 37    |
| epitol . . . . .                                                                               | 15     | EUCRISA . . . . .                                | 52    | FIASP PENFILL . . . . .                                                                  | 37    |
| eplerenone . . . . .                                                                           | 45     | EURAX . . . . .                                  | 54    | FIBERSOURCE HN . . . . .                                                                 | 60    |
| EPOGEN . . . . .                                                                               | 39     | euthyrox . . . . .                               | 93    | FILSPARI . . . . .                                                                       | 81    |
| EPRONTIA . . . . .                                                                             | 13     | everolimus . . . . .                             | 24,96 | FILSUVEZ . . . . .                                                                       | 115   |
| eprosartan mesylate . . . . .                                                                  | 41     | EVRYSDI . . . . .                                | 102   | finasteride . . . . .                                                                    | 80    |
| ergocalciferol (vitamin d2) . . . . .                                                          | 100    | exemestane . . . . .                             | 23    | fingolimod hcl . . . . .                                                                 | 50    |
| ergoloid mesylates . . . . .                                                                   | 15     | EXKIVITY . . . . .                               | 22    | FINTEPLA . . . . .                                                                       | 13    |
| ergotamine tartrate/caffeine . . . . .                                                         | 20     | EXTAVIA . . . . .                                | 50    | FIRDAPSE . . . . .                                                                       | 49    |
| ERIVEDGE . . . . .                                                                             | 24     | ezetimibe . . . . .                              | 46    | FIRVANQ . . . . .                                                                        | 10    |
| ERLEADA . . . . .                                                                              | 21     | EZETIMIBE/ROSUVASTATIN CALCIUM . . . . .         | 46    | flavoxate hcl . . . . .                                                                  | 80    |
| erlotinib hcl . . . . .                                                                        | 24     | ezetimibe/simvastatin . . . . .                  | 46    | flecainide acetate . . . . .                                                             | 42    |
| errin . . . . .                                                                                | 91     |                                                  |       | FLEQSUVY . . . . .                                                                       | 50    |
| ery . . . . .                                                                                  | 55     | FABHALTA . . . . .                               | 115   | FLORIVA . . . . .                                                                        | 60    |
| ery-tab . . . . .                                                                              | 12     | FABRAZYME . . . . .                              | 78    | FLOVENT DISKUS . . . . .                                                                 | 109   |
| erythrocine stearate . . . . .                                                                 | 12     | FACTIVE . . . . .                                | 12    | FLOVENT HFA . . . . .                                                                    | 109   |
| erythromycin base . . . . .                                                                    | 12,107 | falmina . . . . .                                | 86    | FLUAD QUAD 2023-2024 . . . . .                                                           | 98    |
| erythromycin base in ethanol . . . . .                                                         | 55     | famciclovir . . . . .                            | 34    | FLUARIX QUAD 2023-2024 . . . . .                                                         | 98    |
| erythromycin base/benzoyl peroxide . . . . .                                                   | 51     | famotidine . . . . .                             | 77    | FLUBLOK QUAD 2023-2024 . . . . .                                                         | 98    |
| escitalopram oxalate . . . . .                                                                 | 16     | FANAPT . . . . .                                 | 29    | FLUCELVAX QUAD 2023-2024 . . . . .                                                       | 98    |
| esomeprazole magnesium . . . . .                                                               | 78     | FARXIGA . . . . .                                | 35    | fluconazole . . . . .                                                                    | 18    |
| esomeprazole strontium . . . . .                                                               | 78     | FASENRA PEN . . . . .                            | 112   | flucytosine . . . . .                                                                    | 18    |
| ESSENTIAL AMINO ACID MIX . . . . .                                                             | 60     | fayosim . . . . .                                | 86    | fludrocortisone acetate . . . . .                                                        | 82    |
| estarylla . . . . .                                                                            | 86     | febuxostat . . . . .                             | 19    | FLULAVAL QUAD 2023-2024 . . . . .                                                        | 98    |
| estazolam . . . . .                                                                            | 114    | felbamate . . . . .                              | 13    | FLUMIST QUAD 2023-2024 . . . . .                                                         | 98    |
| estradiol . . . . .                                                                            | 86     | felodipine . . . . .                             | 43    | flunisolide . . . . .                                                                    | 109   |
| estradiol valerate . . . . .                                                                   | 86     | femynor . . . . .                                | 86    | fluocinolone acetonide . . . . .                                                         | 52,60 |
| estradiol/norethindrone acetate . . . . .                                                      | 91     | fenofibrate . . . . .                            | 45    | fluocinolone acetonide oil . . . . .                                                     | 109   |
| estrogens,esterified/methyltestosterone . . . . .                                              | 86     | fenofibrate nanocrystallized . . . . .           | 45    | fluocinolone acetonide/shower cap . . . . .                                              | 52    |
| eszopiclone . . . . .                                                                          | 114    | fenofibrate, micronized . . . . .                | 45    | fluocinonide . . . . .                                                                   | 52,82 |
|                                                                                                |        | fenofibric acid (choline) . . . . .              | 45    | fluocinonide/emollient base . . . . .                                                    | 52    |

## F

|                                                       |        |                                                 |       |                                          |     |
|-------------------------------------------------------|--------|-------------------------------------------------|-------|------------------------------------------|-----|
| fluoride (sodium) . . . . .                           | .51,55 | freestyle lite test strips . . . . .            | 102   | gemfibrozil . . . . .                    | 45  |
| fluorometholone . . . . .                             | 107    | freestyle prec neo test strips . . . . .        | 102   | gemmily . . . . .                        | 86  |
| fluorouracil . . . . .                                | 53     | freestyle precision neo meter . . . . .         | 102   | GEMTESA . . . . .                        | 80  |
| fluorouracil 0.5% cream . . . . .                     | 53     | freestyle test strips . . . . .                 | 102   | generlac . . . . .                       | 75  |
| fluoxetine hcl . . . . .                              | 16     | frovatriptan succinate . . . . .                | 20    | gengraf . . . . .                        | 96  |
| fluphenazine decanoate . . . . .                      | 29     | FRUITIVITS . . . . .                            | 61    | GENOTROPIN . . . . .                     | 83  |
| fluphenazine hcl . . . . .                            | 29     | FRUZAQLA . . . . .                              | 24    | gentak . . . . .                         | 107 |
| flurandrenolide . . . . .                             | 52     | FULPHILA . . . . .                              | 39    | gentamicin sulfate . . . . .             | 10  |
| flurazepam hcl . . . . .                              | 114    | FUROSCIX . . . . .                              | 45    | gentle laxative . . . . .                | 75  |
| flurbiprofen . . . . .                                | 5      | furosemide . . . . .                            | 45    | gentlelax . . . . .                      | 75  |
| flurbiprofen sodium . . . . .                         | 107    | fyavolv . . . . .                               | 86    | GENVOYA . . . . .                        | 31  |
| flutamide . . . . .                                   | 21     | FYLNETRA . . . . .                              | 39    | GERBER EXTENSIVE HA . . . . .            | 61  |
| fluticasone propionate . . . . .                      | 52     | fyremadel . . . . .                             | 93    | GERBER GOOD START GENTLEPRO . . . . .    | 61  |
| FLUTICASONE PROPIONATE . . . . .                      | 109    | G                                               |       | GERBER GOOD START GROW NON-GMO61         |     |
| fluticasone propionate/salmeterol xinafoate . . . . . | 113    |                                                 |       | GERBER GOOD START SOY . . . . .          | 61  |
| FLUTICASONE PROPIONATE/SALMETEROL                     |        | g tussin ac . . . . .                           | 113   | GERBER GOOD START SOY 2 NONGMO . . . . . | 61  |
| XINAFOATE . . . . .                                   | 113    | G-PREPROTEIN . . . . .                          | 61    | GERBER GOOD START SOY NO-GMO . . . . .   | 61  |
| fluvastatin sodium . . . . .                          | 46     | GA . . . . .                                    | 61    | gianvi . . . . .                         | 86  |
| fluvoxamine maleate . . . . .                         | 16,17  | GA EXPRESS 15 . . . . .                         | 61    | gildagia . . . . .                       | 86  |
| FLUZONE HIGH-DOSE QUAD 2023-24 . . . . .              | 98     | GA GEL . . . . .                                | 61    | GILENYA . . . . .                        | 50  |
| FLUZONE QUAD 2022-2023 . . . . .                      | 98     | GA-1 ANAMIX EARLY YEARS . . . . .               | 61    | GILOTRIF . . . . .                       | 24  |
| folic acid . . . . .                                  | 60     | gabapentin . . . . .                            | 14,49 | GIMOTI . . . . .                         | 18  |
| folivane-ob . . . . .                                 | 61     | GALAFOLD . . . . .                              | 78    | glatiramer acetate . . . . .             | 50  |
| FOLLISTIM AQ . . . . .                                | 83     | galantamine hbr . . . . .                       | 15    | glatopa . . . . .                        | 50  |
| fondaparinux sodium . . . . .                         | 39     | GAMMAGARD LIQUID . . . . .                      | 94    | GLEOSTINE . . . . .                      | 21  |
| formoterol fumarate . . . . .                         | 110    | GAMMAGARD S-D . . . . .                         | 94    | glimepiride . . . . .                    | 35  |
| FORTEO . . . . .                                      | 101    | GAMUNEX-C . . . . .                             | 95    | glipizide . . . . .                      | 35  |
| FOSAMAX PLUS D . . . . .                              | 101    | GANIRELIX ACETATE . . . . .                     | 93    | GLIPIZIDE . . . . .                      | 35  |
| fosfomycin tromethamine . . . . .                     | 10     | ganirelix acetate (mfr: ferring labs) . . . . . | 93    | glipizide/metformin hcl . . . . .        | 35  |
| fosinopril sodium . . . . .                           | 41     | GANIRELIX ACETATE (MFR: ORGANON                 |       | GLUCAGEN . . . . .                       | 36  |
| fosinopril sodium/hydrochlorothiazide . . . . .       | 44     | PHARMACEUTICALS) . . . . .                      | 93    | GLUCAGON EMERGENCY KIT . . . . .         | 37  |
| FOTIVDA . . . . .                                     | 23     | GARDASIL 9 . . . . .                            | 98    | glucagon emergency kit (mfr: amphastar   |     |
| FRAGMIN . . . . .                                     | 39     | gatifloxacin . . . . .                          | 107   | pharmaceuticals) . . . . .               | 37  |
| freestyle freedom lite meter . . . . .                | 102    | GATTEX . . . . .                                | 76    | GLUCERNA . . . . .                       | 61  |
| freestyle insulinx glucose sys . . . . .              | 102    | gavilax . . . . .                               | 75    | GLUCERNA 1 CAL . . . . .                 | 61  |
| freestyle insulinx test strips . . . . .              | 102    | gavilyte-c . . . . .                            | 76    | GLUCERNA 1.2 CAL . . . . .               | 61  |
| FREESTYLE LIBRE, LIBRE 2 & LIBRE 3                    |        | gavilyte-g . . . . .                            | 77    | GLUCERNA 1.5 CAL . . . . .               | 61  |
| READER . . . . .                                      | 102    | gavilyte-n . . . . .                            | 77    | GLUCERNA ADVANCE . . . . .               | 61  |
| FREESTYLE LIBRE, LIBRE 2, & LIBRE 3                   |        | GAVRETO . . . . .                               | 24    | GLUCERNA HUNGER SMART . . . . .          | 61  |
| SENSOR . . . . .                                      | 102    | gefitinib . . . . .                             | 24    | GLUCERNA THERAPEUTIC NUTRITION . . . . . | 61  |
| freestyle lite meter . . . . .                        | 102    | GELNIQUE . . . . .                              | 80    | gluco burst . . . . .                    | 37  |

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| GLUCO BURST . . . . .                    | 61    | guanidine hcl . . . . .            | 20     | her style . . . . .                            | 91     |
| GLUCO SHOT . . . . .                     | 37    | GVOKE . . . . .                    | 37     | HETLIOZ . . . . .                              | 114    |
| GLUTAMENT . . . . .                      | 61    | GVOKE HYOPEN 1-PACK . . . . .      | 37     | HETLIOZ LQ . . . . .                           | 114    |
| GLUTARADE GA-1 . . . . .                 | 61    | GVOKE HYOPEN 2-PACK . . . . .      | 37     | HI-CAL . . . . .                               | 62     |
| GLUTARADE JUNIOR GA-1 . . . . .          | 61    | GVOKE PFS 1-PACK SYRINGE . . . . . | 37     | HIBERIX . . . . .                              | 98     |
| GLUTAREX-1 . . . . .                     | 61    | GVOKE PFS 2-PACK SYRINGE . . . . . | 37     | HIGH-PROTEIN NUTRITIONAL SHAKE . . . . .       | 62     |
| GLUTAREX-2 . . . . .                     | 61    | GYNAZOLE 1 . . . . .               | 18     | HIZENTRA . . . . .                             | 95     |
| GLUTASOLVE . . . . .                     | 61    |                                    |        | HOMINEX-1 . . . . .                            | 62     |
| GLUTOL . . . . .                         | 62    |                                    |        | HORIZANT . . . . .                             | 49     |
| GLUTOSE-15 . . . . .                     | 37    | HADLIMA . . . . .                  | 96     | HUMALOG . . . . .                              | 37     |
| GLUTOSE-45 . . . . .                     | 37    | HADLIMA PUSHTOUCH . . . . .        | 96     | HUMALOG JUNIOR KWIKPEN . . . . .               | 37     |
| GLUTOSE-5 . . . . .                      | 37    | HADLIMA(CF) . . . . .              | 96     | HUMALOG KWIKPEN U-100 . . . . .                | 37     |
| glyburide . . . . .                      | 35    | HADLIMA(CF) PUSHTOUCH . . . . .    | 96     | HUMALOG KWIKPEN U-200 . . . . .                | 37     |
| glyburide,micronized . . . . .           | 35    | HAEGARDA . . . . .                 | 94     | HUMALOG MIX 50-50 . . . . .                    | 37     |
| glyburide/metformin hcl . . . . .        | 35    | hailey . . . . .                   | 86     | HUMALOG MIX 50-50 KWIKPEN . . . . .            | 37     |
| GLYCATE . . . . .                        | 76    | hailey 24 fe . . . . .             | 86     | HUMALOG MIX 75-25 . . . . .                    | 37     |
| glycopyrrolate . . . . .                 | 76    | hailey fe . . . . .                | 86     | HUMALOG MIX 75-25 KWIKPEN . . . . .            | 37     |
| GLYCOSADE . . . . .                      | 62    | HALDOL DECANOATE 100 . . . . .     | 29     | HUMALOG TEMPO PEN U-100 . . . . .              | 38     |
| glydo . . . . .                          | 8     | HALDOL DECANOATE 50 . . . . .      | 29     | HUMATROPE . . . . .                            | 83     |
| GLYTACTIN 20PE BETTERMILK LITE . . . . . | 62    | halobetasol propionate . . . . .   | 52     | HUMIRA (ABBVIE) . . . . .                      | 96     |
| GLYTACTIN RESTORE 10 PE . . . . .        | 62    | haloperidol . . . . .              | 29     | HUMULIN 70-30 . . . . .                        | 38     |
| GLYTACTIN RESTORE 10 PE LITE . . . . .   | 62    | haloperidol decanoate . . . . .    | 29     | HUMULIN 70/30 KWIKPEN . . . . .                | 38     |
| GLYTACTIN RESTORE 5 PE . . . . .         | 62    | haloperidol lactate . . . . .      | 29     | HUMULIN N . . . . .                            | 38     |
| GLYTACTIN RTD 10 PE . . . . .            | 62    | HARVONI . . . . .                  | 31     | HUMULIN N KWIKPEN . . . . .                    | 38     |
| GLYTACTIN RTD 15 PE . . . . .            | 62    | HAVRIX . . . . .                   | 98     | HUMULIN R . . . . .                            | 38     |
| GLYTACTIN RTD LITE 15 . . . . .          | 62    | HCU ANAMIX EARLY YEARS . . . . .   | 62     | HUMULIN R U-500 . . . . .                      | 38     |
| GLYTACTIN SWIRL 15 PE . . . . .          | 62    | HCU ANAMIX NEXT . . . . .          | 62     | HUMULIN R U-500 KWIKPEN . . . . .              | 38     |
| GLYTROL . . . . .                        | 62    | HCU COOLER . . . . .               | 62     | HYCANTIN . . . . .                             | 24     |
| GLYXAMBI . . . . .                       | 35    | HCU EASY . . . . .                 | 62     | hydralazine hcl . . . . .                      | 47     |
| GOCOVRI . . . . .                        | 28    | HCU EXPRESS POWDER . . . . .       | 62     | hydrochlorothiazide . . . . .                  | 45     |
| GONAL-F . . . . .                        | 83    | HCU EXPRESS20 . . . . .            | 62     | hydrocodone bitartrate . . . . .               | 7      |
| GONITRO . . . . .                        | 47    | HCU GEL . . . . .                  | 62     | hydrocodone bitartrate/acetaminophen . . . . . | 8      |
| GRALISE . . . . .                        | 14,49 | HCU LOPHLEX . . . . .              | 62     | hydrocodone bitartrate/homatropine             |        |
| granisetron hcl . . . . .                | 18    | HCU MAXAMUM . . . . .              | 62     | methylbromide . . . . .                        | 113    |
| GRANIX . . . . .                         | 39    | HCY 1 . . . . .                    | 62     | hydrocodone polistirex/chlorpheniramine        |        |
| GRASTEK . . . . .                        | 113   | healthylax . . . . .               | 75     | polistirex . . . . .                           | 113    |
| griseofulvin ultramicrosize . . . . .    | 18    | heather . . . . .                  | 91     | hydrocodone/ibuprofen . . . . .                | 8      |
| griseofulvin, microsize . . . . .        | 18    | HEMLIBRA . . . . .                 | 40,115 | hydrocortisone . . . . .                       | 52,100 |
| guaiafussin ac . . . . .                 | 113   | hemmorex-hc . . . . .              | 82     | hydrocortisone acetate/lidocaine hcl/aloe      |        |
| guaifenesin ac . . . . .                 | 113   | HEPAMENT . . . . .                 | 62     | vera . . . . .                                 | 53     |
| guanfacine hcl . . . . .                 | 41,48 | HEPLISAV-B . . . . .               | 98     | hydrocortisone acetate/pramoxine hcl . . . . . | 54     |

|                                                  |     |                                          |     |                                                 |     |
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| hydrocortisone butyrate . . . . .                | 52  | INBRIJA . . . . .                        | 28  | INSULIN PUMP/INFUSION SET/BLOOD-                |     |
| hydrocortisone butyrate/emollient base . . . . . | 52  | incassia . . . . .                       | 91  | GLUCOSE METER . . . . .                         | 102 |
| hydrocortisone valerate . . . . .                | 53  | INCRELEX . . . . .                       | 83  | INSULIN SYRINGE-                                |     |
| hydrocortisone/acetic acid . . . . .             | 109 | INCRUSE ELLIPTA . . . . .                | 110 | NEEDLE,SAFETY,DISPOSAL UNIT,0.5                 |     |
| hydromet . . . . .                               | 113 | indapamide . . . . .                     | 45  | ML . . . . .                                    | 102 |
| hydromorphone hcl . . . . .                      | 7,8 | indomethacin . . . . .                   | 6   | INTRAVENOUS ADMINISTRATION SET .                | 102 |
| HYDROXYCHLOROQUINE SULFATE . . . . .             | 27  | INFANRIX DTAP . . . . .                  | 98  | INTRAVENOUS INFUSION PUMP                       |     |
| hydroxychloroquine sulfate . . . . .             | 27  | INFANT FORMULA WITH IRON . . . . .       | 63  | ACCESSORY . . . . .                             | 102 |
| hydroxyurea . . . . .                            | 22  | INGREZZA . . . . .                       | 49  | INTRON A . . . . .                              | 96  |
| hydroxyzine hcl . . . . .                        | 110 | INGREZZA INITIATION PK(TARDIV) . . . . . | 49  | introvale . . . . .                             | 86  |
| hydroxyzine pamoate . . . . .                    | 110 | INHALER,ASSIST DEVICE WITH LARGE         |     | INVEGA HAFYERA . . . . .                        | 29  |
| HYFTOR . . . . .                                 | 96  | MASK . . . . .                           | 102 | INVEGA SUSTENNA . . . . .                       | 29  |
| hyophen . . . . .                                | 10  | INHALER,ASSIST DEVICE WITH MEDIUM        |     | INVEGA TRINZA . . . . .                         | 29  |
| hyoscyamine sulfate . . . . .                    | 76  | MASK . . . . .                           | 102 | INVIRASE . . . . .                              | 33  |
| hyosyne . . . . .                                | 76  | INHALER,ASSIST DEVICE WITH SMALL         |     | INVOKAMET . . . . .                             | 35  |
| HYSINGLA ER . . . . .                            | 7   | MASK . . . . .                           | 102 | INVOKAMET XR . . . . .                          | 35  |
|                                                  |     | INLYTA . . . . .                         | 25  | INVOKANA . . . . .                              | 35  |
|                                                  |     | INQOVI . . . . .                         | 22  | IPOL . . . . .                                  | 98  |
| I-VALEX-1 . . . . .                              | 62  | INREBIC . . . . .                        | 23  | ipratropium bromide . . . . .                   | 110 |
| I-VALEX-2 . . . . .                              | 62  | INSTA-GLUCOSE . . . . .                  | 115 | ipratropium bromide/albuterol sulfate . . . . . | 113 |
| ibandronate sodium . . . . .                     | 101 | INSULIN ASPART . . . . .                 | 38  | irbesartan . . . . .                            | 41  |
| IBRANCE . . . . .                                | 24  | INSULIN ASPART PROTAMINE                 |     | irbesartan/hydrochlorothiazide . . . . .        | 44  |
| ibu . . . . .                                    | 5   | HUMAN/INSULIN ASPART . . . . .           | 38  | ISENTRESS . . . . .                             | 31  |
| ibuprofen . . . . .                              | 5   | INSULIN DEGLUDEC . . . . .               | 38  | ISENTRESS HD . . . . .                          | 31  |
| ibuprofen/famotidine . . . . .                   | 5   | INSULIN GLARGINE,HUMAN RECOMBINANT       |     | isibloom . . . . .                              | 86  |
| icatibant acetate . . . . .                      | 94  | ANALOG . . . . .                         | 38  | ISOLEUCINE . . . . .                            | 102 |
| ICLUSIG . . . . .                                | 24  | INSULIN GLARGINE-YFGN . . . . .          | 38  | ISOLEUCINE SUPPLEMENT IN                        |     |
| icosapent ethyl . . . . .                        | 46  | INSULIN LISPRO . . . . .                 | 38  | CARBOHYDRATE BASE . . . . .                     | 63  |
| IDHIFA . . . . .                                 | 23  | INSULIN LISPRO PROTAMINE AND INSULIN     |     | ISOMIL . . . . .                                | 63  |
| ILEVRO . . . . .                                 | 107 | LISPRO . . . . .                         | 38  | ISOMIL ADVANCE . . . . .                        | 63  |
| imatinib mesylate . . . . .                      | 24  | INSULIN PEN, REUSABLE, BLUETOOTH FOR     |     | ISOMIL DF . . . . .                             | 63  |
| IMBRUVICA . . . . .                              | 25  | USE WITH INSULIN ASPART . . . . .        | 102 | isoniazid . . . . .                             | 21  |
| IMCIVREE . . . . .                               | 77  | INSULIN PEN, REUSABLE, BLUETOOTH FOR     |     | isopropyl alcohol . . . . .                     | 102 |
| imipramine hcl . . . . .                         | 17  | USE WITH INSULIN LISPRO . . . . .        | 102 | ISOPROPYL ALCOHOL . . . . .                     | 103 |
| imiquimod . . . . .                              | 54  | INSULIN PUMP CART,AUTOMATED              |     | isosorbide dinitrate . . . . .                  | 47  |
| IMMULIFE . . . . .                               | 63  | DOSING,BT,G6/G7 WITH CONTROLLER .        | 115 | isosorbide dinitrate/hydralazine hcl . . . . .  | 44  |
| IMOVAX RABIES VACCINE . . . . .                  | 98  | INSULIN PUMP CARTRIDGE . . . . .         | 102 | isosorbide mononitrate . . . . .                | 47  |
| IMPACT 1 CAL . . . . .                           | 63  | INSULIN PUMP CARTRIDGE,SUBCUT            |     | ISOSOURCE 1.5 CAL . . . . .                     | 63  |
| IMPACT ADVANCED RECOVERY . . . . .               | 63  | AUTOMATED DOSING,BT,G6/G7 . . . . .      | 115 | ISOSOURCE 1.5 CAL TUBE FEED . . . . .           | 63  |
| IMPACT PEPTIDE 1.5 CAL . . . . .                 | 63  | INSULIN PUMP SYRINGE, 1.8 ML . . . . .   | 102 | ISOSOURCE HN . . . . .                          | 63  |
| IMPAVIDO . . . . .                               | 27  | INSULIN PUMP SYRINGE, 3 ML . . . . .     | 102 | isotretinoin . . . . .                          | 51  |

|                                  |       |                                        |       |                                          |       |
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| isradipine . . . . .             | 43    | JYNNEOS (NATIONAL STOCKPILE) . . . . . | 98    | klor-con m20 . . . . .                   | 55    |
| ISTURISA . . . . .               | 82    |                                        |       | klor-con sprinkle . . . . .              | 56,64 |
| itraconazole . . . . .           | 19    | <b>K</b>                               |       |                                          |       |
| IVA ANAMIX EARLY YEARS . . . . . | 63    | K-PAX . . . . .                        | 63    | KLOXXADO . . . . .                       | 9     |
| IVA ANAMIX NEXT . . . . .        | 63    | K-PAX IMMUNE BOOSTER . . . . .         | 63    | KORLYM . . . . .                         | 82    |
| IVA MAXAMUM . . . . .            | 63    | K-PHOS NEUTRAL . . . . .               | 81    | KOSELUGO . . . . .                       | 23    |
| ivermectin . . . . .             | 27,54 | K-PHOS NO.2 . . . . .                  | 81    | KRAZATI . . . . .                        | 23    |
| IWILFIN . . . . .                | 115   | K-PHOS ORIGINAL . . . . .              | 81    | KRINTAFEL . . . . .                      | 27    |
|                                  |       | kaitlib fe . . . . .                   | 87    | KRISTALOSE . . . . .                     | 75    |
|                                  |       | kalliga . . . . .                      | 87    | kurvelo . . . . .                        | 87    |
| jaimiess . . . . .               | 86    | KALYDECO . . . . .                     | 111   | kyleena . . . . .                        | 92    |
| JAKAFI . . . . .                 | 25    | KAPSPARGO SPRINKLE . . . . .           | 42    | KYNMOBI . . . . .                        | 28    |
| jantoven . . . . .               | 39    | kariva . . . . .                       | 87    |                                          |       |
| JANUMET . . . . .                | 35    | kelnor 1-35 . . . . .                  | 87    | <b>L</b>                                 |       |
| JANUMET XR . . . . .             | 35    | kelnor 1-50 . . . . .                  | 87    | labetalol hcl . . . . .                  | 42    |
| JANUVIA . . . . .                | 35    | KERENDIA . . . . .                     | 45    | lacosamide . . . . .                     | 15    |
| JARDIANCE . . . . .              | 35    | KERYDIN . . . . .                      | 55    | lactulose . . . . .                      | 75    |
| jasmiel . . . . .                | 86    | KESIMPTA PEN . . . . .                 | 50    | LAGEVRIO (EUA) . . . . .                 | 103   |
| javygtor . . . . .               | 78    | KETOCAL 2.5:1 . . . . .                | 63    | lamivudine . . . . .                     | 31,32 |
| JAYPIRCA . . . . .               | 24    | KETOCAL 3:1 . . . . .                  | 63    | lamivudine/zidovudine . . . . .          | 32    |
| jencycla . . . . .               | 92    | KETOCAL 4:1 . . . . .                  | 63    | lamotrigine . . . . .                    | 13,14 |
| JENTADUETO . . . . .             | 35    | ketoconazole . . . . .                 | 19    | LAMPIT . . . . .                         | 27    |
| JENTADUETO XR . . . . .          | 35    | KETONEX-1 . . . . .                    | 63    | LANAFLEX . . . . .                       | 64    |
| jevantique lo . . . . .          | 87    | KETONEX-2 . . . . .                    | 63    | LANCETS . . . . .                        | 103   |
| JEVITY 1 CAL . . . . .           | 63    | ketoprofen . . . . .                   | 6     | LANCING DEVICE . . . . .                 | 103   |
| JEVITY 1.2 CAL . . . . .         | 63    | ketorolac tromethamine . . . . .       | 6,107 | LANCING DEVICE, VACUUM/LANCETS . . . . . | 103   |
| JEVITY 1.5 CAL . . . . .         | 63    | KETOROLAC TROMETHAMINE . . . . .       | 6     | LANCING DEVICE/LANCETS . . . . .         | 103   |
| jinteli . . . . .                | 87    | KETOVIE 3:1 . . . . .                  | 63    | lansoprazole . . . . .                   | 78    |
| JOENJA . . . . .                 | 78    | KETOVOLVIE . . . . .                   | 63    | lansoprazole/amoxicillin                 |       |
| jolessa . . . . .                | 87    | KEVEYIS . . . . .                      | 79    | trihydrate/clarithromycin . . . . .      | 77    |
| joyeaux . . . . .                | 87    | KINRIX . . . . .                       | 98    | lanthanum carbonate . . . . .            | 56    |
| juleber . . . . .                | 87    | kionex . . . . .                       | 56    | LANTUS . . . . .                         | 38    |
| JULUCA . . . . .                 | 31    | KISQALI . . . . .                      | 25    | LANTUS SOLOSTAR . . . . .                | 38    |
| junel . . . . .                  | 87    | KISQALI FEMARA CO-PACK . . . . .       | 23    | lapatinib ditosylate . . . . .           | 25    |
| junel fe . . . . .               | 87    | KITABIS PAK . . . . .                  | 111   | larin . . . . .                          | 87    |
| junel fe 24 . . . . .            | 87    | KLISYRI . . . . .                      | 54    | larin 24 fe . . . . .                    | 87    |
| JUVEN . . . . .                  | 55    | klor-con . . . . .                     | 55    | larin fe . . . . .                       | 87    |
| JUXTAPID . . . . .               | 46    | klor-con 10 . . . . .                  | 55    | larissia . . . . .                       | 87    |
| JYLAMVO . . . . .                | 97    | klor-con 8 . . . . .                   | 55    | LASTACRAFT . . . . .                     | 107   |
| JYNARQUE . . . . .               | 56    | klor-con m10 . . . . .                 | 55    | latanoprost . . . . .                    | 108   |
| JYNNEOS . . . . .                | 98    | klor-con m15 . . . . .                 | 55    | LATUDA . . . . .                         | 30    |

|                                                                           |        |                                                |       |                                                  |      |
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| laxaclear . . . . .                                                       | 75     | LEXIVA . . . . .                               | 33    | losartan potassium . . . . .                     | 41   |
| laxative . . . . .                                                        | 75     | lido-k . . . . .                               | 8     | losartan potassium/hydrochlorothiazide . . . . . | 44   |
| layolis fe . . . . .                                                      | 87     | lidocaine . . . . .                            | 8     | LOTEMAX . . . . .                                | 108  |
| LAZANDA . . . . .                                                         | 8      | lidocaine hcl . . . . .                        | 8     | LOTEMAX SM . . . . .                             | 108  |
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## N

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|                                              |        |                                            |     |                                                                                                  |        |
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|                                                  |        |                                             |     |                                         |     |
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| ROZLYTREK . . . . .             | 25     | sf . . . . .                                                    | 51    | simliya . . . . .                        | 89     |
| RUBRACA . . . . .               | 25     | sf 5000 plus . . . . .                                          | 51    | simpesse . . . . .                       | 89     |
| RUCONEST . . . . .              | 94     | sharobel . . . . .                                              | 92    | simvastatin . . . . .                    | 46     |
| rufinamide . . . . .            | 15     | SHINGRIX . . . . .                                              | 99    | sirolimus . . . . .                      | 97     |

## S

|                                                                        |       |                                                                 |        |                                                 |     |
|------------------------------------------------------------------------|-------|-----------------------------------------------------------------|--------|-------------------------------------------------|-----|
| SIRTURO . . . . .                                                      | 21    | SOVALDI . . . . .                                               | 31     | sulindac . . . . .                              | 6   |
| SITAVIG . . . . .                                                      | 34    | SPEVIGO . . . . .                                               | 115    | sumatriptan . . . . .                           | 20  |
| SIVEXTRO . . . . .                                                     | 11    | SPIKEVAX COVID (18Y UP) VACC . . . . .                          | 99     | sumatriptan succinate . . . . .                 | 20  |
| SKYCLARYS . . . . .                                                    | 79    | SPINOSAD . . . . .                                              | 54     | sumatriptan succinate/naproxen sodium . . . . . | 20  |
| skyla . . . . .                                                        | 92    | SPIRIVA HANDIHALER . . . . .                                    | 110    | sunitinib malate . . . . .                      | 26  |
| SKYRIZI . . . . .                                                      | 53,54 | SPIRIVA RESPIMAT . . . . .                                      | 110    | SUNLENCA . . . . .                              | 33  |
| SKYRIZI (2 SYRINGES) KIT . . . . .                                     | 95    | SPIROMETERS AND ACCESSORIES . . . . .                           | 105    | SUNOSI . . . . .                                | 115 |
| SKYRIZI ON-BODY . . . . .                                              | 95    | spironolactone . . . . .                                        | 45     | SUPLENA CARB STEADY . . . . .                   | 72  |
| SKYRIZI PEN . . . . .                                                  | 53    | spironolactone/hydrochlorothiazide . . . . .                    | 44     | SUPREP . . . . .                                | 77  |
| SKYTROFA . . . . .                                                     | 83    | sprintec . . . . .                                              | 89     | syeda . . . . .                                 | 89  |
| slynd . . . . .                                                        | 92    | SPRITAM . . . . .                                               | 14     | symax . . . . .                                 | 76  |
| smoothlax . . . . .                                                    | 75    | SPRIX . . . . .                                                 | 6      | symax-sl . . . . .                              | 76  |
| SOD ANAMIX EARLY YEARS . . . . .                                       | 72    | SPRYCEL . . . . .                                               | 25     | symax-sr . . . . .                              | 76  |
| sodium chloride for inhalation . . . . .                               | 113   | sps . . . . .                                                   | 56     | SYMBICORT . . . . .                             | 113 |
| sodium chloride/sodium bicarbonate/potassium<br>chloride/peg . . . . . | 77    | sronyx . . . . .                                                | 89     | SYMDEKO . . . . .                               | 111 |
| sodium fluoride 5000 dry mouth . . . . .                               | 51    | ssd . . . . .                                                   | 54     | SYMJEPI . . . . .                               | 111 |
| sodium fluoride 5000 plus . . . . .                                    | 51    | stavudine . . . . .                                             | 32     | SYMLINPEN 120 . . . . .                         | 36  |
| sodium fluoride/potassium nitrate . . . . .                            | 51    | STEGLATRO . . . . .                                             | 36     | SYMLINPEN 60 . . . . .                          | 36  |
| SODIUM OXYBATE . . . . .                                               | 115   | STEGLUJAN . . . . .                                             | 36     | SYMTUZA . . . . .                               | 33  |
| sodium phenylbutyrate . . . . .                                        | 79    | STELARA . . . . .                                               | 95     | SYNAREL . . . . .                               | 94  |
| sodium polystyrene sulfonate . . . . .                                 | 56    | STIMUFEND . . . . .                                             | 40     | SYNDROS . . . . .                               | 18  |
| sodium sulfate/potassium sulfate/magnesium<br>sulfate . . . . .        | 77    | STIOLTO RESPIMAT . . . . .                                      | 113    | SYNJARDY . . . . .                              | 36  |
| sodium/potassium/potassium citrate/sodium<br>citrate/cit ac . . . . .  | 81    | STIVARGA . . . . .                                              | 25     | SYNJARDY XR . . . . .                           | 36  |
| SOFOSBUVIR/VELPATASVIR . . . . .                                       | 31    | stop smoking aid . . . . .                                      | 10     | SYNTHROID . . . . .                             | 93  |
| SOGROYA . . . . .                                                      | 83    | STRENSIQ . . . . .                                              | 79     | SYRING W-NEEDL 0.5 ML,KIT-TRAY . . . . .        | 105 |
| SOHONOS . . . . .                                                      | 79    | STRIBILD . . . . .                                              | 31     |                                                 |     |
| SOL CARB . . . . .                                                     | 72    | STRIVERDI RESPIMAT . . . . .                                    | 111    |                                                 |     |
| SOLARAZE . . . . .                                                     | 54    | SUBCUTANEOUS INFUSION PUMP<br>ACCESSORY . . . . .               | 105    |                                                 |     |
| solifenacin succinate . . . . .                                        | 80    | SUBLOCADE . . . . .                                             | 9      |                                                 |     |
| SOLIQUA 100-33 . . . . .                                               | 36    | SUBSYS . . . . .                                                | 8      |                                                 |     |
| SOLTAMOX . . . . .                                                     | 22    | SUCRAID . . . . .                                               | 79     |                                                 |     |
| SOMATULINE DEPOT . . . . .                                             | 94    | sucalfate . . . . .                                             | 77     |                                                 |     |
| SOMAVERT . . . . .                                                     | 94    | sulfacetamide sodium . . . . .                                  | 12,107 |                                                 |     |
| sorafenib tosylate . . . . .                                           | 25    | sulfacetamide sodium/prednisolone sodium<br>phosphate . . . . . | 106    |                                                 |     |
| sorine . . . . .                                                       | 42    | sulfadiazine . . . . .                                          | 12     |                                                 |     |
| sotalol af . . . . .                                                   | 42    | sulfamethoxazole/trimethoprim . . . . .                         | 13     |                                                 |     |
| sotalol hcl . . . . .                                                  | 42    | SULFAMYLON . . . . .                                            | 55     |                                                 |     |
| SOTYLIZE . . . . .                                                     | 42    | sulfasalazine . . . . .                                         | 100    |                                                 |     |
|                                                                        |       | sulfatrim . . . . .                                             | 13     |                                                 |     |

## T

|                                                                  |       |
|------------------------------------------------------------------|-------|
| TABLOID . . . . .                                                | 22    |
| TABRECTA . . . . .                                               | 26    |
| tacrolimus . . . . .                                             | 53,97 |
| tadalafil . . . . .                                              | 80,81 |
| tadalafil 20 mg tablet (generic version of<br>adcirca) . . . . . | 81    |
| TAFINLAR . . . . .                                               | 26    |
| TAGRISSO . . . . .                                               | 26    |
| take action . . . . .                                            | 92    |
| TAKHZYRO . . . . .                                               | 94    |
| TALZENNA . . . . .                                               | 26    |
| TAMIFLU . . . . .                                                | 33    |
| tamoxifen citrate . . . . .                                      | 22    |
| tamsulosin hcl . . . . .                                         | 80    |

|                                             |     |                                                 |         |                                           |           |
|---------------------------------------------|-----|-------------------------------------------------|---------|-------------------------------------------|-----------|
| TARGRETIN . . . . .                         | 26  | tetrabenazine . . . . .                         | 49      | tramadol hcl . . . . .                    | 7,8       |
| tarina 24 fe . . . . .                      | 89  | tetracaine hcl . . . . .                        | 106     | TRAMADOL HCL . . . . .                    | 115       |
| tarina fe . . . . .                         | 89  | tetracycline hcl . . . . .                      | 13      | tramadol hcl/acetaminophen . . . . .      | 8         |
| tarina fe 1-20 eq . . . . .                 | 89  | THALOMID . . . . .                              | 22      | trandolapril . . . . .                    | 42        |
| taron-c dha . . . . .                       | 72  | theophylline anhydrous . . . . .                | 111     | trandolapril/verapamil hcl . . . . .      | 45        |
| TARPEYO . . . . .                           | 100 | THERAMINE PLUS . . . . .                        | 72      | tranexamic acid . . . . .                 | 40        |
| TASIGNA . . . . .                           | 26  | thermazene . . . . .                            | 13      | TRANSFER DEVICE, CLOSED SYSTEM .          | 105       |
| tasimelteon . . . . .                       | 114 | THIOLA EC . . . . .                             | 81      | TRANSPARENT DRESSING . . . . .            | 105       |
| tavaborole . . . . .                        | 55  | thioridazine hcl . . . . .                      | 29      | tranylcypromine sulfate . . . . .         | 16        |
| TAVALISSE . . . . .                         | 41  | thiothixene . . . . .                           | 29      | travoprost . . . . .                      | 108       |
| TAVNEOS . . . . .                           | 95  | tiadylt er . . . . .                            | 43      | trazodone hcl . . . . .                   | 17        |
| tazarotene . . . . .                        | 52  | tiagabine hcl . . . . .                         | 14      | TRECATOR . . . . .                        | 21        |
| taztia xt . . . . .                         | 43  | TIBSOVO . . . . .                               | 26      | TRELEGY ELLIPTA . . . . .                 | 113       |
| TAZVERIK . . . . .                          | 23  | ticlopidine hcl . . . . .                       | 41      | TREMFYA . . . . .                         | 95        |
| TEGSEDI . . . . .                           | 79  | tilia fe . . . . .                              | 89      | TRESIBA . . . . .                         | 39        |
| telmisartan . . . . .                       | 41  | timolol maleate . . . . .                       | 43,108  | TRESIBA FLEXTOUCH U-100 . . . . .         | 39        |
| telmisartan/hydrochlorothiazide . . . . .   | 44  | tinidazole . . . . .                            | 11      | TRESIBA FLEXTOUCH U-200 . . . . .         | 39        |
| temazepam . . . . .                         | 114 | tiopronin . . . . .                             | 81      | tretinoin . . . . .                       | 26,52     |
| TEMIXYS . . . . .                           | 32  | tiotropium bromide . . . . .                    | 110     | tretinoin microspheres . . . . .          | 52        |
| temozolomide . . . . .                      | 21  | TIVICAY . . . . .                               | 31      | tretinoin/emollient base . . . . .        | 54        |
| TENIVAC . . . . .                           | 99  | TIVICAY PD . . . . .                            | 31      | TREXALL . . . . .                         | 97        |
| tenofovir disoproxil fumarate . . . . .     | 32  | tizanidine hcl . . . . .                        | 30      | tri femynor . . . . .                     | 90        |
| TEPMETKO . . . . .                          | 22  | TOBI PODHALER . . . . .                         | 111     | tri-buffered aspirin . . . . .            | 6         |
| terazosin hcl . . . . .                     | 41  | TOBRADEX . . . . .                              | 106     | tri-chlor . . . . .                       | 54        |
| terbinafine hcl . . . . .                   | 19  | tobramycin . . . . .                            | 107,111 | tri-estarylla . . . . .                   | 90        |
| terbutaline sulfate . . . . .               | 111 | tobramycin in 0.225 % sodium chloride . . . . . | 111     | tri-legest fe . . . . .                   | 90        |
| terconazole . . . . .                       | 19  | tobramycin sulfate . . . . .                    | 10      | tri-linyah . . . . .                      | 90        |
| teriflunomide . . . . .                     | 50  | tobramycin/dexamethasone . . . . .              | 106     | tri-lo-estarylla . . . . .                | 90        |
| teriparatide . . . . .                      | 101 | TOLAK . . . . .                                 | 54      | tri-lo-marzia . . . . .                   | 90        |
| testosterone . . . . .                      | 84  | tolcapone . . . . .                             | 28      | tri-lo-mili . . . . .                     | 90        |
| testosterone (10 mg (2%) gel md pmp,        |     | TOLEREX . . . . .                               | 72      | tri-lo-sprintec . . . . .                 | 90        |
| 12.5/1.25g gel md pmp, 50 mg (1%) gel       |     | tolmetin sodium . . . . .                       | 6       | tri-mili . . . . .                        | 90        |
| (gram) . . . . .                            | 84  | tolterodine tartrate . . . . .                  | 80      | tri-previfem . . . . .                    | 90        |
| testosterone (50 mg (1%) gel packet and     |     | tolvaptan . . . . .                             | 56      | tri-sprintec . . . . .                    | 90        |
| 12.5/1.25g pump). some manufacturers are t3 |     | topiramate . . . . .                            | 14      | tri-vite with fluoride . . . . .          | 72        |
| and others t1 . . . . .                     | 84  | toremifene citrate . . . . .                    | 21      | tri-vylibra . . . . .                     | 90        |
| testosterone cypionate . . . . .            | 84  | torsemide . . . . .                             | 45      | tri-vylibra lo . . . . .                  | 90        |
| testosterone enanthate . . . . .            | 84  | TOUJEO MAX SOLOSTAR . . . . .                   | 38      | triamcinolone acetonide . . . . .         | 51,53,109 |
| TETANUS AND DIPHTHERIA TOXOIDS,             |     | TOUJEO SOLOSTAR . . . . .                       | 38      | triamterene . . . . .                     | 45        |
| ADULT . . . . .                             | 99  | TRADJENTA . . . . .                             | 36      | triamterene/hydrochlorothiazide . . . . . | 45        |
| TETANUS,DIPHTHERIA TOXOID PED/PF .          | 99  | tramadol er caps . . . . .                      | 7       | triazolam . . . . .                       | 114       |

|                                       |     |                                         |        |                                           |        |
|---------------------------------------|-----|-----------------------------------------|--------|-------------------------------------------|--------|
| tricitrates . . . . .                 | 81  | TYLACTIN RTD 15 PE . . . . .            | 72     | urogesic-blue . . . . .                   | 11     |
| triderm . . . . .                     | 53  | TYMLOS . . . . .                        | 101    | ursodiol . . . . .                        | 77     |
| trientine hcl . . . . .               | 56  | TYR ANAMIX EARLY YEARS . . . . .        | 72     | uryl . . . . .                            | 11     |
| TRIENTINE HCL . . . . .               | 105 | TYR ANAMIX NEXT . . . . .               | 72     | ustell . . . . .                          | 11     |
| trifluoperazine hcl . . . . .         | 29  | TYR COOLER . . . . .                    | 72     | utira-c . . . . .                         | 11     |
| trifluridine . . . . .                | 107 | TYR EASY . . . . .                      | 72     | UZEDY . . . . .                           | 30     |
| trihexyphenidyl hcl . . . . .         | 28  | TYR EXPRESS . . . . .                   | 72     |                                           |        |
| TRIJARDY XR . . . . .                 | 36  | TYR EXPRESS20 . . . . .                 | 73     |                                           |        |
| TRIKAFTA . . . . .                    | 111 | TYR GEL . . . . .                       | 73     | valacyclovir hcl . . . . .                | 34     |
| trilyte with flavor packets . . . . . | 77  | TYR LOPHLEX . . . . .                   | 73     | VALCHLOR . . . . .                        | 21     |
| trimethobenzamide hcl . . . . .       | 18  | TYR LOPHLEX GMP MIX-IN . . . . .        | 73     | valganciclovir hcl . . . . .              | 31     |
| trimethoprim . . . . .                | 11  | TYREX-1 . . . . .                       | 73     | VALINE . . . . .                          | 73,105 |
| trimipramine maleate . . . . .        | 17  | TYREX-2 . . . . .                       | 73     | VALINE 1000 . . . . .                     | 73     |
| trinatal rx 1 . . . . .               | 72  | TYROS 1 . . . . .                       | 73     | valproic acid . . . . .                   | 14     |
| trinate . . . . .                     | 72  | TYROS 2 . . . . .                       | 73     | valproic acid (as sodium salt) (valproate |        |
| TRINTELLIX . . . . .                  | 17  | TYROSINE . . . . .                      | 73,105 | sodium) . . . . .                         | 14     |
| TRIUMEQ . . . . .                     | 33  | TYSABRI . . . . .                       | 50     | valsartan . . . . .                       | 41     |
| TRIUMEQ PD . . . . .                  | 33  | TYVASO . . . . .                        | 112    | valsartan/hydrochlorothiazide . . . . .   | 45     |
| trivora-28 . . . . .                  | 90  |                                         |        | VALTOCO . . . . .                         | 15     |
| TROKENDI XR . . . . .                 | 14  |                                         |        | vancomycin hcl . . . . .                  | 11     |
| tropicamide . . . . .                 | 106 | UBRELVY . . . . .                       | 19     | vandazole . . . . .                       | 11     |
| tropium chloride . . . . .            | 80  | UCD ANAMIX JUNIOR . . . . .             | 73     | VANFLYTA . . . . .                        | 23     |
| TRUDHESA . . . . .                    | 20  | UCD TRIO . . . . .                      | 73     | VAQTA . . . . .                           | 100    |
| TRUEPLUS GLUCOSE . . . . .            | 37  | UCERIS . . . . .                        | 100    | vardenafil hcl . . . . .                  | 81     |
| TRULANCE . . . . .                    | 75  | UDENYCA . . . . .                       | 40     | varenicline tartrate . . . . .            | 10     |
| TRULICITY . . . . .                   | 36  | UDENYCA AUTOINJECTOR . . . . .          | 40     | VARIVAX VACCINE . . . . .                 | 100    |
| TRUMENBA . . . . .                    | 100 | UDENYCA ONBODY . . . . .                | 115    | VASCEPA . . . . .                         | 47     |
| TRUQAP . . . . .                      | 24  | ULTRAMINO . . . . .                     | 73     | VAXELIS . . . . .                         | 100    |
| TRUSELTIQ . . . . .                   | 23  | ULTRIENT 1.5 WITH ENFIT . . . . .       | 73     | VAXNEUVANCE . . . . .                     | 100    |
| TUKYSA . . . . .                      | 26  | unithroid . . . . .                     | 93     | vcf . . . . .                             | 81     |
| tulana . . . . .                      | 93  | UNJURY . . . . .                        | 73     | velivet . . . . .                         | 90     |
| TURALIO . . . . .                     | 26  | UPTRAVI . . . . .                       | 112    | VELPHORO . . . . .                        | 56     |
| turqoz . . . . .                      | 90  | uretron d-s . . . . .                   | 11     | VELTASSA . . . . .                        | 56     |
| TWINRIX . . . . .                     | 100 | urimar-t . . . . .                      | 11     | VENCLEXTA . . . . .                       | 26     |
| twirla . . . . .                      | 90  | URINE ACETONE TEST STRIPS . . . . .     | 105    | venlafaxine hcl . . . . .                 | 17     |
| TWOCAL HN . . . . .                   | 72  | URINE ACETONE TEST,STRIPS . . . . .     | 105    | verapamil hcl . . . . .                   | 43     |
| TYBLUME . . . . .                     | 90  | URINE GLUCOSE TEST STRIP . . . . .      | 105    | verdrocet . . . . .                       | 8      |
| TYBOST . . . . .                      | 33  | URINE GLUCOSE-ACET TEST STRIP . . . . . | 105    | VERKAZIA . . . . .                        | 106    |
| tydemy . . . . .                      | 90  | URINE MULTIPLE TEST STRIPS . . . . .    | 105    | VERQUVO . . . . .                         | 45     |
| TYLACTIN RESTORE 10 PE . . . . .      | 72  | uro-458 . . . . .                       | 11     | VERZENIO . . . . .                        | 26     |
| TYLACTIN RESTORE 5 PE . . . . .       | 72  | uro-mp . . . . .                        | 11     | VESICARE LS . . . . .                     | 80     |

## V

## U

|                                  |     |                                    |     |                               |        |
|----------------------------------|-----|------------------------------------|-----|-------------------------------|--------|
| vestura . . . . .                | 90  | VYLEESI . . . . .                  | 81  | XLYS, XTRP ANALOG . . . . .   | 74     |
| VICTOZA 2-PAK . . . . .          | 36  | vylibra . . . . .                  | 90  | XLYS, XTRP MAXAMAID . . . . . | 74     |
| VICTOZA 3-PAK . . . . .          | 36  | VYNDAMAX . . . . .                 | 45  | XLYS, XTRP MAXAMUM . . . . .  | 74     |
| VIDEX . . . . .                  | 33  | VYNDAQEL . . . . .                 | 79  | XMET ANALOG . . . . .         | 74     |
| vienva . . . . .                 | 90  | VYVANSE . . . . .                  | 48  | XMET MAXAMAID . . . . .       | 74     |
| vigabatrin . . . . .             | 15  | VYZULTA . . . . .                  | 108 | XMET XCYS MAXAMAID . . . . .  | 105    |
| vigadrone . . . . .              | 15  |                                    |     | XMTVI ANALOG . . . . .        | 74     |
| VIIBRYD . . . . .                | 17  |                                    |     | XMTVI MAXAMAID . . . . .      | 74     |
| VIJOICE . . . . .                | 26  | WAINUA . . . . .                   | 115 | XOFLUZA . . . . .             | 34     |
| VILACTIN AA PLUS 20 PE . . . . . | 73  | warfarin sodium . . . . .          | 39  | XOLAIR . . . . .              | 96,116 |
| vilazodone hcl . . . . .         | 17  | WEGOVY . . . . .                   | 36  | XOSPATA . . . . .             | 26     |
| VIMPAT . . . . .                 | 15  | WELIREG . . . . .                  | 23  | XPHE MAXAMAID . . . . .       | 74     |
| viorele . . . . .                | 90  | wera . . . . .                     | 90  | XPHE MAXAMUM . . . . .        | 74     |
| VIRACEPT . . . . .               | 33  | WHEY PROTEIN CONCENTRATE . . . . . | 74  | XPHE, XTYR ANALOG . . . . .   | 74     |
| VIREAD . . . . .                 | 33  | WHYTEDERM TRILASIL PAK . . . . .   | 82  | XPHE, XTYR MAXAMAID . . . . . | 74     |
| virt-c dha . . . . .             | 73  | WINLEVI . . . . .                  | 52  | XPOVIO . . . . .              | 23     |
| virt-nate dha . . . . .          | 73  | WINREVAIR . . . . .                | 116 | XPTM ANALOG . . . . .         | 74     |
| virtussin ac . . . . .           | 113 | wixela inhub . . . . .             | 113 | XTAMPZA ER . . . . .          | 7      |
| vitafol-ob . . . . .             | 73  | women's gentle laxative . . . . .  | 75  | XTANDI . . . . .              | 22     |
| VITAL 1.0 CAL . . . . .          | 73  | women's laxative . . . . .         | 76  | XTRACAL PLUS . . . . .        | 74     |
| VITAL 1.5 CAL . . . . .          | 73  | wymzya fe . . . . .                | 90  | xulane . . . . .              | 90     |
| VITAL AF 1.2 CAL . . . . .       | 73  | WYNZORA . . . . .                  | 54  | XULTOPHY 100-3.6 . . . . .    | 36     |
| VITAL HIGH PROTEIN . . . . .     | 73  |                                    |     | XURIDEN . . . . .             | 79     |
| VITAL PEPTIDE 1.5 CAL . . . . .  | 73  |                                    |     | XYOSTED . . . . .             | 84     |
| VITRAKVI . . . . .               | 26  | XALKORI . . . . .                  | 26  | XYREM . . . . .               | 115    |
| VIVITROL . . . . .               | 9   | XARELTO . . . . .                  | 39  | XYWAV . . . . .               | 115    |
| VIVJOA . . . . .                 | 19  | XATMEP . . . . .                   | 97  |                               |        |
| VIVONEX . . . . .                | 73  | XDEMVY . . . . .                   | 106 |                               |        |
| VIVONEX PLUS . . . . .           | 73  | XELJANZ . . . . .                  | 95  | yargesa . . . . .             | 79     |
| VIVONEX RTF . . . . .            | 73  | XELJANZ XR . . . . .               | 95  | YONSA . . . . .               | 22     |
| VIVONEX T.E.N . . . . .          | 74  | XENICAL . . . . .                  | 77  | yuvaferm . . . . .            | 91     |
| VIZIMPRO . . . . .               | 26  | XENLETA . . . . .                  | 11  |                               |        |
| VONJO . . . . .                  | 27  | XEPI . . . . .                     | 55  |                               |        |
| voriconazole . . . . .           | 19  | XERESE . . . . .                   | 54  |                               |        |
| VOSEVI . . . . .                 | 31  | XERMELO . . . . .                  | 76  |                               |        |
| VOTRIENT . . . . .               | 26  | XHANCE . . . . .                   | 109 |                               |        |
| VOWST . . . . .                  | 105 | XIFAXAN . . . . .                  | 76  |                               |        |
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