



MARKETPLACE PLAN

*West Virginia*  
**Drug Formulary**  
*2024*

## INTRODUCTION

We are pleased to provide the 2024 CareSource Drug Formulary. The Drug Formulary is a list of the drugs covered by CareSource.

This document is divided into three parts:

1. The Introduction – Provides important facts about the CareSource prescription drug benefit. This section explains terms, such as network pharmacy, prior authorizations, quantity limits, step therapy, therapeutic interchange and exceptions.
2. The [Drug Formulary](#) – Lists the drugs we cover.
3. The [Index](#) – Lists all of the covered drugs in alphabetical order. You can find the Index in the back of this document.

## PRESCRIPTION DRUG COVERAGE DETAILS

### Best Medical Practices

We want to make sure our members get the safest, most cost-effective drugs for their needs. We use evidence-based guidelines to make sure our Formulary meets best medical practices.

### Network Pharmacies

CareSource provides coverage for prescription drugs and some prescription medical supplies. CareSource contracts with pharmacies in order to provide members with a full range of prescription benefits. Members may choose and receive prescriptions from any pharmacy that is contracted with CareSource. These are often referred to as network pharmacies. It is important that members receive prescriptions from network pharmacies because prescriptions received from non-network pharmacies are generally not reimbursable or covered by CareSource, except as otherwise required by applicable federal and state law and your Evidence of Coverage. Accordingly, members may be responsible for the entire amount charged by a non-network pharmacy.

Network pharmacies can include local pharmacies, mail-order pharmacies or specialty pharmacies. To find a network pharmacy, use our online Find a Pharmacy tool under “Quick Links” at [CareSource.com/marketplace](https://www.caresource.com/marketplace).

CareSource may also cover drugs administered in the member’s home, such as medicines given through a home health agency.

### Cost Sharing

Members may pay part of the costs of some drugs and supplies. These cost-sharing amounts are called deductibles, copays and/or coinsurance. For some drugs, members may pay coinsurance. Coinsurance is a percent of a drug's cost.

The Drug Formulary shows drugs in different levels or tiers. Drugs are grouped into tiers based on the amounts that members pay.

### **Tiered Medications**

The CareSource Formulary has up to five levels or tiers, including tiers 0, 1, 2, 3, and 4. In general, the higher the cost-sharing tier number, the higher the cost for the drug. In general, the copay amount increases as the tier number increases. All deductibles, coinsurance and copay amounts paid count toward members' maximum out-of-pocket amount.

To find tier levels for drugs, go to the [drug list](#) section of this document.

### **Prior Authorizations**

CareSource may require health partners (doctors or other providers) to send us information about why a drug or a certain amount is needed. This is called a prior authorization request. CareSource must approve the request before a member can get the drug. The abbreviation "PA" is used in the Drug Formulary to show that a prior authorization is needed.

Here are some reasons for a prior authorization:

- A generic or alternative drug is available.
- The drug can be misused or abused.
- The drug requires special handling, monitoring or is available from limited shipping locations.
- There are other drugs that must be tried first.

### **Prior Authorization Requests**

Health partners may make prior authorization requests electronically or by phone or fax. Please call the Provider Services telephone number for your state and follow the prompts, or fax to the Medical Management provider fax number for your state.

We may not approve a prior authorization request for a drug. If we don't, we will send the member information about how to appeal our decision.

### **Quantity Limits**

Some drugs have limits on how much can be given to a member at one time. The abbreviation "QL" is used in the Drug Formulary to show there is a quantity limit. Quantity limits are based on the drug makers' recommended dosing frequencies. Patient safety is also considered.

Therapy with opioid analgesics may have quantity limits based on drug makers' recommended dosing frequencies and/or state regulations.

## **Step Therapy**

Members may need to try one drug before taking another. This is called Step Therapy. A member must first try one medicine on the Formulary before another Formulary drug would be approved for use.

CareSource will cover certain drugs only if Step Therapy is used. The abbreviation “ST” is used in the Drug Formulary to show when Step Therapy is required.

## **Generic Substitution and Therapeutic Interchange**

A pharmacy may provide a generic drug in place of a brand-name drug. This is called generic substitution. Members and health partners can expect the generic to produce the same effect and have the same safety profile as the brand-name drug. This is known as therapeutic interchange.

Generic drugs usually cost less than their brand-name equivalents.

Note to Health Partners: Generic drugs should be considered the first line of prescribing, subject to applicable rules.

Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drugs.
- Manufactured in the same strength and dosage form as the brand-name drugs.
- In most instances, a brand-name drug for which a generic product becomes available will become non-Formulary, with the generic product covered in its place, upon release of the generic product onto the market. However, the Formulary document is subject to state-specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Choosing a brand name drug when there is a generic available may cost you more. When a generic is available and you choose the brand name drug, you may be responsible to pay the cost difference between the two in addition to your copay or coinsurance. Or you could be responsible for the entire cost of the brand.

## **Tell Us the Medical Reasons for Exceptions**

Sometimes a member may have a drug allergy or intolerance or, a certain drug may not be effective for a member. In these cases, the member or the member’s representative may ask for an exception to a drug listed on the Drug Formulary. The member or member’s representative may make the request online or by calling Member Services. The member services telephone number for your state is listed on the back of the member ID card.

CareSource then contacts the appropriate health partner. CareSource may ask the health partner to provide written clinical documentation about why the member needs an exception. Health partners must provide this information.

Typically, our Drug Formulary includes more than one drug for treating a condition. These medicines are called “alternative” drugs. CareSource will generally not approve the request for an exception if an alternative drug would be just as effective as the drug requested and would not cause other health problems.

### **Specialty Pharmacy**

CareSource works with Accredo Pharmacy to supply specialty medications that health partners may prescribe. Accredo Pharmacy can:

- Help members get prescriptions filled or moved to Accredo Pharmacy from another pharmacy
- Deliver members' specialty medicines to their homes, workplaces or their doctors' offices
- Help members learn about their specialty medications and give them support from specially-trained health care professionals

For more information, call Accredo Pharmacy at 1-866-231-3520. Hours are Monday through Friday from 8 a.m. to 11 p.m. Eastern Time (ET).

### **Mail Order Medications**

CareSource works with Express Scripts Pharmacy to supply prescription medicines to members' homes. This could change a member's copay amount. Express Scripts Pharmacy can:

- Help members get prescriptions filled or moved to Express Scripts Pharmacy from another pharmacy
- Deliver prescriptions to members' homes, workplaces or doctors' offices.

For more information, call CareSource Member Services at **1-833-230-2099** (TTY: 711). Hours are Monday through Friday from 7 a.m. to 7 p.m. Eastern Time.

Members may also access the [express-scripts.com](http://express-scripts.com) website through the CareSource member portal to manage prescription refills for their specialty and mail order medications and to check coverage. To create an account on the CareSource member portal, go to [mycaresource.com](http://mycaresource.com).

### **Medications Administered in the Health Partner Setting**

Medications that are administered in a health partner setting will be billed to the health plan under your medical benefit. Such settings include a physician office, hospital outpatient department, clinic, dialysis center, or infusion center. Prior authorization requirements exist for many injectable medicines.

## **Medication Therapy Management Program**

CareSource offers a Medication Therapy Management (MTM) program for all members. MTM services allow local pharmacists to work with doctors and other prescribers to enhance quality of care, improve medication compliance, address medication needs, and provide health care to patients in a cost-effective manner. Members and health partners may be contacted by a pharmacist to discuss medications. We encourage members to talk with their pharmacists about their medications. This can help members to get the best results from the medications they are taking.

### **HOW TO USE THIS DOCUMENT**

Go to the [Index](#) to look up a drug by name. Drugs are listed in alphabetical order. The Index will show the page number on which the drug is found in the Drug Formulary. Turn to that page number to get details about the drug.

Note to Health Partners: The CareSource Drug Formulary is organized by sections. Each section is divided by therapeutic drug class, primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

### **ADDITIONAL INFORMATION FOR HEALTH PARTNERS**

The drugs represented have been reviewed and approved by a Pharmacy, Therapeutics and Technology (PT&T) Committee for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at [www.guideline.gov](http://www.guideline.gov).

## CARESOURCE ONLINE FORMULARY SEARCH TOOLS AVAILABLE

CareSource has easy-to-use online drug formulary tools that can help you save time by quickly looking up medications to make sure they are covered by CareSource. Also, you can check for generic alternatives, prior authorization requirements, and any restrictions or limits that may apply. To start using the tool, visit [CareSource.com](http://CareSource.com), and visit the Pharmacy page of the appropriate line of business, and select Formulary Search Tool. You can also find CareSource policies on the [CareSource.com](http://CareSource.com) Health Partner Policies page.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of a Pharmacy and Therapeutics (P&T) Committee are utilized to approve safe and clinically effective drug therapies. The P&T Committee is a multi-disciplinary committee whose voting members include physicians and pharmacists with many different specialties. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers. The CareSource Pharmacy & Therapeutics (P&T) Committee also includes regional member demographics in its formulary recommendations.

## DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, we have provided examples below. The general principles shown in the examples can usually be extended to other entries in the document.

When a strength, dosage or different formulation is specified, only that specific strength, dosage or formulation may be covered. Other strengths/dosages/formulations, including injectable dosage forms of the reference product, are not covered. Extended-release and delayed-release products require their own entry.

### **metformin Glucophage**

The immediate-release product listing of Glucophage alone would not include the extended-release product Glucophage XR.

### **metformin ext-rel Glucophage XR**

A separate entry for Glucophage XR confirms that the extended-release product is on the document.

Dosage forms on the document will be consistent with the category and use where listed.

### **neomycin/polymyxin B/hydrocortisone Cortisporin**

Since Cortisporin is listed only in the OTIC section, it is limited to the OTIC solution and suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the document.

## PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a Formulary exception may be requested for coverage. Medical necessity or Formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

## NOTICE

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for member notification.

While we make every effort to ensure that our Drug Formulary is up-to-date, this list may have changed since printing. For the most up-to-date information, you must use the “Find My Prescriptions” tool on [CareSource.com/marketplace](https://www.caresource.com/marketplace), or contact Member Services at the toll-free telephone number on your ID card to confirm the accuracy of the information in this copy of the Drug Formulary.

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## **List of Abbreviations**

**ACA:** Affordable Care Act

**AR:** Age Restriction. For certain drugs, the drug may be covered for members in a certain age range without a prior authorization.

**OTC:** Over-the-Counter. An OTC drug is a non-prescription drug.

**PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

**ST:** Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. 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 for you, we will then cover Drug B.

# West Virginia Marketplace 2024 Drug Formulary

## Table of Contents

|   |     |
|---|-----|
| ANTIHISTAMINE DRUGS.....                        | 11  |
| ANTI-INFECTIVE AGENTS.....                      | 12  |
| ANTINEOPLASTIC AGENTS.....                      | 18  |
| ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES..... | 20  |
| AUTONOMIC DRUGS.....                            | 21  |
| BLOOD FORMATION, COAGULATION, THROMBOSIS.....   | 25  |
| CARDIOVASCULAR DRUGS.....                       | 27  |
| CENTRAL NERVOUS SYSTEM AGENTS.....              | 35  |
| DEVICES.....                                    | 49  |
| DIAGNOSTIC AGENTS.....                          | 62  |
| ELECTROLYTIC, CALORIC, AND WATER BALANCE.....   | 63  |
| ENZYMES.....                                    | 66  |
| EYE, EAR, NOSE AND THROAT (EENT) PREPS.....     | 66  |
| GASTROINTESTINAL DRUGS.....                     | 70  |
| HEAVY METAL ANTAGONISTS.....                    | 73  |
| HORMONES AND SYNTHETIC SUBSTITUTES.....         | 73  |
| MISCELLANEOUS THERAPEUTIC AGENTS.....           | 87  |
| NONHORMONAL CONTRACEPTIVES.....                 | 89  |
| OXYTOCICS.....                                  | 90  |
| PHARMACEUTICAL AIDS.....                        | 90  |
| RESPIRATORY TRACT AGENTS.....                   | 90  |
| SKIN AND MUCOUS MEMBRANE AGENTS.....            | 94  |
| SMOOTH MUSCLE RELAXANTS.....                    | 102 |
| VITAMINS.....                                   | 102 |

CURRENT AS OF 7/1/2024

| Drug Name                                       | Tier   | Restrictions/Limits        |
|---|--------|----------------------------|
| <b>ANTIHISTAMINE DRUGS</b>                      |        |                            |
| <b>ETHANOLAMINE DERIVATIVES</b>                 |        |                            |
| <i>clemastine oral tablet</i>                   | Tier 1 |                            |
| <i>diphenhydramine hcl oral capsule 50 mg</i>   | Tier 1 |                            |
| <i>diphenhydramine hcl oral elixir</i>          | Tier 1 |                            |
| <b>FIRST GEN. ANTIHIST. DERIVATIVES, MISC.</b>  |        |                            |
| <i>cyproheptadine</i>                           | Tier 1 |                            |
| <b>FIRST GENERATION ANTIHISTAMINES</b>          |        |                            |
| <i>carbinoxamine maleate oral liquid</i>        | Tier 1 |                            |
| <i>carbinoxamine maleate oral tablet 4 mg</i>   | Tier 1 |                            |
| <i>carbinoxamine maleate oral tablet 6 mg</i>   | Tier 1 | ST                         |
| <i>clemastine oral tablet</i>                   | Tier 1 |                            |
| <i>cyproheptadine</i>                           | Tier 1 |                            |
| <i>dexchlorpheniramine maleate</i>              | Tier 1 |                            |
| <i>diphenhydramine hcl oral capsule 50 mg</i>   | Tier 1 |                            |
| <i>diphenhydramine hcl oral elixir</i>          | Tier 1 |                            |
| <b>PHENOTHIAZINE DERIVATIVES</b>                |        |                            |
| <i>promethazine oral</i>                        | Tier 1 |                            |
| <i>promethazine rectal</i>                      | Tier 1 |                            |
| PROMETHAZINE VC                                 | Tier 1 |                            |
| <i>promethazine-dm</i>                          | Tier 1 |                            |
| PROMETHEGAN                                     | Tier 1 |                            |
| <b>PIPERAZINE DERIVATIVES</b>                   |        |                            |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | Tier 1 |                            |
| <i>hydroxyzine hcl oral tablet</i>              | Tier 1 |                            |
| <i>hydroxyzine pamoate</i>                      | Tier 1 |                            |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i>     | Tier 1 |                            |
| <b>PROPYLAMINE DERIVATIVES</b>                  |        |                            |
| <i>dexchlorpheniramine maleate</i>              | Tier 1 |                            |
| <i>hydrocodone-chlorpheniramine</i>             | Tier 1 |                            |
| RYDEX   | Tier 1 |                            |
| <b>SECOND GENERATION ANTIHISTAMINES</b>         |        |                            |
| <i>cetirizine oral solution 1 mg/ml</i>         | Tier 1 |                            |
| <i>desloratadine oral tablet</i>                | Tier 1 | ST; QL (30 EA per 30 days) |
| <i>levocetirizine oral solution</i>             | Tier 1 |                            |
| <i>levocetirizine oral tablet</i>               | Tier 1 | QL (30 EA per 30 days)     |

| Drug Name   | Tier   | Restrictions/Limits         |
|---|--------|-----------------------------|
| <b>ANTI-INFECTIVE AGENTS</b>                          |        |                             |
| <b>1ST GENERATION CEPHALOSPORIN ANTIBIOTICS</b>       |        |                             |
| <i>cefadroxil</i>                                     | Tier 1 |                             |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>         | Tier 1 |                             |
| <i>cephalexin oral suspension for reconstitution</i>  | Tier 1 |                             |
| <i>cephalexin oral tablet 250 mg</i>                  | Tier 1 |                             |
| <b>2ND GENERATION CEPHALOSPORIN ANTIBIOTICS</b>       |        |                             |
| <i>cefprozil</i>                                      | Tier 1 |                             |
| <i>cefuroxime axetil</i>                              | Tier 1 |                             |
| <b>3RD GENERATION CEPHALOSPORIN ANTIBIOTICS</b>       |        |                             |
| <i>cefdinir</i>                                       | Tier 1 |                             |
| <b>ADAMANTANE ANTIVIRALS</b>                          |        |                             |
| <i>amantadine hcl</i>                                 | Tier 1 |                             |
| <i>rimantadine</i>                                    | Tier 1 |                             |
| <b>ALLYLAMINE ANTIFUNGALS</b>                         |        |                             |
| <i>terbinafine hcl oral</i>                           | Tier 1 | QL (1 EA per 1 day)         |
| <b>AMINOGLYCOSIDE ANTIBIOTICS</b>                     |        |                             |
| <i>neomycin</i>                                       | Tier 1 |                             |
| <i>tobramycin in 0.225 % nacl</i>                     | Tier 4 | PA; QL (280 ML per 30 days) |
| <i>tobramycin inhalation</i>                          | Tier 4 | PA; QL (224 ML per 30 days) |
| <i>tobramycin sulfate injection recon soln</i>        | Tier 1 | PA                          |
| <i>tobramycin sulfate injection solution 40 mg/ml</i> | Tier 1 | PA                          |
| <i>tobramycin with nebulizer</i>                      | Tier 4 | PA; QL (280 ML per 30 days) |
| <b>AMINOPENICILLIN ANTIBIOTICS</b>                    |        |                             |
| <i>amoxicil-clarithromy-lansopraz</i>                 | Tier 1 | QL (112 EA per 30 days)     |
| <i>amoxicillin</i>                                    | Tier 1 |                             |
| <i>amoxicillin-pot clavulanate</i>                    | Tier 1 |                             |
| <i>ampicillin</i>                                     | Tier 1 |                             |
| <b>ANTHELMINTICS</b>                                  |        |                             |
| <i>albendazole</i>                                    | Tier 1 | PA; QL (120 EA per 30 days) |
| EMVERM  | Tier 2 | QL (6 EA per 30 days)       |
| <i>ivermectin oral</i>                                | Tier 1 | QL (20 EA per 30 days)      |
| <i>praziquantel</i>                                   | Tier 1 |                             |
| <b>ANTIFUNGALS, MISCELLANEOUS</b>                     |        |                             |
| <i>griseofulvin microsize</i>                         | Tier 1 |                             |
| <i>griseofulvin ultramicrosize</i>                    | Tier 1 |                             |

| <b>Drug Name</b>                                      | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| <i>potassium iodide oral solution</i>                 | Tier 1      |                            |
| SSKI  | Tier 2      |                            |
| <b>ANTIMALARIALS</b>                                  |             |                            |
| <i>atovaquone-proguanil oral tablet 250-100 mg</i>    | Tier 1      | QL (60 EA per 180 days)    |
| <i>atovaquone-proguanil oral tablet 62.5-25 mg</i>    | Tier 1      | QL (180 EA per 180 days)   |
| <i>chloroquine phosphate</i>                          | Tier 1      | QL (1000 EA per 1 day)     |
| COARTEM   | Tier 2      | QL (24 EA per 30 days)     |
| <i>hydroxychloroquine</i>                             | Tier 1      |                            |
| <i>mefloquine</i>                                     | Tier 1      | QL (13 EA per 180 days)    |
| <i>primaquine</i>                                     | Tier 2      | QL (120 EA per 180 days)   |
| <i>pyrimethamine</i>                                  | Tier 4      | PA                         |
| <i>quinidine sulfate</i>                              | Tier 1      |                            |
| <i>quinine sulfate</i>                                | Tier 1      | QL (42 EA per 30 days)     |
| <b>ANTITUBERCULOSIS AGENTS</b>                        |             |                            |
| <i>clarithromycin</i>                                 | Tier 1      |                            |
| <i>cycloserine</i>                                    | Tier 1      |                            |
| <i>ethambutol</i>                                     | Tier 1      |                            |
| <i>isoniazid oral</i>                                 | Tier 1      |                            |
| <i>levofloxacin oral</i>                              | Tier 1      |                            |
| PASER   | Tier 2      | PA                         |
| <i>pretomanid</i>                                     | Tier 2      | PA; QL (1 EA per 1 day)    |
| PRIFTIN   | Tier 3      |                            |
| <i>pyrazinamide</i>                                   | Tier 1      |                            |
| <i>rifabutin</i>                                      | Tier 1      |                            |
| <i>rifampin oral</i>                                  | Tier 1      |                            |
| <b>AZOLE ANTIFUNGALS</b>                              |             |                            |
| CRESEMBA INTRAVENOUS                                  | Tier 3      | PA; QL (1 Vial per 1 day)  |
| CRESEMBA ORAL CAPSULE 186 MG                          | Tier 3      | PA; QL (2 EA per 1 day)    |
| CRESEMBA ORAL CAPSULE 74.5 MG                         | Tier 3      | PA; QL (5 EA per 1 day)    |
| <i>fluconazole oral suspension for reconstitution</i> | Tier 1      |                            |
| <i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>  | Tier 1      |                            |
| <i>fluconazole oral tablet 150 mg</i>                 | Tier 1      | QL (2 EA per 30 days)      |
| <i>ketoconazole oral</i>                              | Tier 1      |                            |
| <i>voriconazole oral</i>                              | Tier 1      | PA                         |
| <b>ERYTHROMYCIN ANTIBIOTICS</b>                       |             |                            |
| ERYTHROCIN (AS STEARATE)                              | Tier 1      |                            |
| <i>erythromycin ethylsuccinate</i>                    | Tier 1      |                            |
| <i>erythromycin oral</i>                              | Tier 1      |                            |

| Drug Name   | Tier   | Restrictions/Limits         |
|---|--------|-----------------------------|
| <b>GLYCOPEPTIDE ANTIBIOTICS</b>                       |        |                             |
| FIRVANQ ORAL RECON SOLN 25 MG/ML                      | Tier 2 | PA; QL (300 ML per 30 days) |
| FIRVANQ ORAL RECON SOLN 50 MG/ML                      | Tier 2 | PA; QL (450 ML per 30 days) |
| <i>vancomycin oral capsule 125 mg</i>                 | Tier 1 | PA; QL (40 EA per 30 days)  |
| <i>vancomycin oral capsule 250 mg</i>                 | Tier 1 | PA; QL (80 EA per 30 days)  |
| <i>vancomycin oral recon soln 25 mg/ml</i>            | Tier 1 | PA; QL (300 ML per 30 days) |
| <i>vancomycin oral recon soln 50 mg/ml</i>            | Tier 1 | PA; QL (450 ML per 30 days) |
| <b>HCV POLYMERASE INHIBITOR ANTIVIRALS</b>            |        |                             |
| <i>sofosbuvir-velpatasvir</i>                         | Tier 4 | PA                          |
| <b>HCV PROTEASE INHIBITOR ANTIVIRALS</b>              |        |                             |
| MAVYRET ORAL TABLET                                   | Tier 4 | PA; QL (3 EA per 1 day)     |
| ZEPATIER  | Tier 4 | PA; QL (28 EA per 28 days)  |
| <b>HCV REPLICATION COMPLEX INHIBITORS</b>             |        |                             |
| MAVYRET ORAL TABLET                                   | Tier 4 | PA; QL (3 EA per 1 day)     |
| <i>sofosbuvir-velpatasvir</i>                         | Tier 4 | PA                          |
| ZEPATIER  | Tier 4 | PA; QL (28 EA per 28 days)  |
| <b>HIV ENTRY AND FUSION INHIBITORS</b>                |        |                             |
| <i>maraviroc oral tablet 150 mg</i>                   | Tier 1 | QL (2 EA per 1 day)         |
| <i>maraviroc oral tablet 300 mg</i>                   | Tier 1 | QL (4 EA per 1 day)         |
| SELZENTRY ORAL SOLUTION                               | Tier 2 | QL (1840 ML per 30 days)    |
| <b>HIV INTEGRASE INHIBITOR ANTIRETROVIRALS</b>        |        |                             |
| BIKTARVY ORAL TABLET 30-120-15 MG                     | Tier 2 |                             |
| BIKTARVY ORAL TABLET 50-200-25 MG                     | Tier 2 | QL (1 EA per 1 day)         |
| DOVATO  | Tier 2 | QL (1 EA per 1 day)         |
| GENVOYA   | Tier 2 | QL (1 EA per 1 day)         |
| ISENTRESS ORAL POWDER IN PACKET                       | Tier 2 | QL (2 EA per 1 day)         |
| ISENTRESS ORAL TABLET                                 | Tier 2 | QL (4 EA per 1 day)         |
| ISENTRESS ORAL TABLET,CHEWABLE                        | Tier 2 | QL (6 EA per 1 day)         |
| JULUCA  | Tier 2 | QL (1 EA per 1 day)         |
| STRIBILD  | Tier 2 | QL (1 EA per 1 day)         |
| TRIUMEQ   | Tier 2 | PA; QL (1 EA per 1 day)     |
| <b>HIV NONNUCLEOSIDE REV.TRANScrip. INHIB.</b>        |        |                             |
| COMPLERA  | Tier 2 | QL (1 EA per 1 day)         |
| DELSTRIGO   | Tier 2 | QL (1 EA per 1 day)         |
| <i>efavirenz oral tablet</i>                          | Tier 1 | QL (1 EA per 1 day)         |
| <i>efavirenz-lamivu-tenofovir disoproxil fumarate</i> | Tier 1 |                             |
| JULUCA  | Tier 2 | QL (1 EA per 1 day)         |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b>      |
|---|-------------|---------------------------------|
| <i>nevirapine oral suspension</i>                           | Tier 1      | QL (40 ML per 1 day)            |
| <i>nevirapine oral tablet</i>                               | Tier 1      | QL (2 EA per 1 day)             |
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i> | Tier 1      | QL (3 EA per 1 day)             |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i> | Tier 1      | QL (1 EA per 1 day)             |
| ODEFSEY   | Tier 2      | QL (1 EA per 1 day)             |
| PIFELTRO  | Tier 2      | QL (1 EA per 1 day)             |
| <b>HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS</b>             |             |                                 |
| <i>abacavir oral solution</i>                               | Tier 1      | QL (30 ML per 1 day)            |
| <i>abacavir oral tablet</i>                                 | Tier 1      | QL (2 EA per 1 day)             |
| <i>abacavir-lamivudine</i>                                  | Tier 1      | QL (1 EA per 1 day)             |
| BIKTARVY ORAL TABLET 30-120-15 MG                           | Tier 2      |                                 |
| BIKTARVY ORAL TABLET 50-200-25 MG                           | Tier 2      | QL (1 EA per 1 day)             |
| COMPLERA  | Tier 2      | QL (1 EA per 1 day)             |
| DELSTRIGO   | Tier 2      | QL (1 EA per 1 day)             |
| DESCOVY   | Tier 2      | ST; QL (30 Tablets per 30 days) |
| DOVATO  | Tier 2      | QL (1 EA per 1 day)             |
| <i>efavirenz-lamivu-tenofovir disoproxil fumarate</i>       | Tier 1      |                                 |
| <i>emtricitabine</i>  | Tier 1      | QL (1 EA per 1 day)             |
| <i>emtricitabine-tenofovir (tdf)</i>                        | Tier 1      | QL (1 EA per 1 day)             |
| EMTRIVA ORAL SOLUTION                                       | Tier 2      | QL (680 ML per 30 days)         |
| GENVOYA   | Tier 2      | QL (1 EA per 1 day)             |
| <i>lamivudine oral solution</i>                             | Tier 1      | QL (30 ML per 1 day)            |
| <i>lamivudine oral tablet 100 mg</i>                        | Tier 1      |                                 |
| <i>lamivudine oral tablet 150 mg</i>                        | Tier 1      | QL (2 EA per 1 day)             |
| <i>lamivudine oral tablet 300 mg</i>                        | Tier 1      | QL (1 EA per 1 day)             |
| <i>lamivudine-zidovudine</i>                                | Tier 1      | QL (2 EA per 1 day)             |
| ODEFSEY   | Tier 2      | QL (1 EA per 1 day)             |
| STRIBILD  | Tier 2      | QL (1 EA per 1 day)             |
| SYMTUZA   | Tier 2      | QL (1 EA per 1 day)             |
| <i>tenofovir disoproxil fumarate</i>                        | Tier 1      | QL (1 EA per 1 day)             |
| TRIUMEQ   | Tier 2      | PA; QL (1 EA per 1 day)         |
| VIREAD ORAL POWDER  | Tier 2      | QL (8 GM per 1 day)             |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                   | Tier 2      | QL (1 EA per 1 day)             |
| <b>HIV PROTEASE INHIBITOR ANTIRETROVIRALS</b>               |             |                                 |
| APTIVUS   | Tier 2      | QL (4 EA per 1 day)             |

| <b>Drug Name</b>                                      | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| <i>atazanavir oral capsule 150 mg</i>                 | Tier 1      | QL (1 EA per 1 day)        |
| <i>atazanavir oral capsule 200 mg</i>                 | Tier 1      | QL (2 EA per 1 day)        |
| <i>atazanavir oral capsule 300 mg</i>                 | Tier 1      |                            |
| <b>EVOTAZ</b>   | Tier 2      | QL (1 EA per 1 day)        |
| <i>fosamprenavir</i>                                  | Tier 1      | QL (2 EA per 1 day)        |
| <i>lopinavir-ritonavir oral solution</i>              | Tier 1      | QL (13 ML per 1 day)       |
| <b>NORVIR ORAL POWDER IN PACKET</b>                   | Tier 2      | QL (6 EA per 180 days)     |
| <b>PREZCOBIX</b>                                      | Tier 2      | QL (1 EA per 1 day)        |
| <b>PREZISTA ORAL SUSPENSION</b>                       | Tier 2      | QL (1 ML per 1 day)        |
| <i>ritonavir</i>                                      | Tier 1      |                            |
| <b>SYMTUZA</b>  | Tier 2      | QL (1 EA per 1 day)        |
| <b>VIRACEPT ORAL TABLET 250 MG</b>                    | Tier 2      | QL (10 EA per 1 day)       |
| <b>VIRACEPT ORAL TABLET 625 MG</b>                    | Tier 2      | QL (4 EA per 1 day)        |
| <b>INTERFERON ANTIVIRALS</b>                          |             |                            |
| <b>PEGASYS SUBCUTANEOUS SOLUTION</b>                  | Tier 4      | PA; QL (4 ML per 30 days)  |
| <b>PEGASYS SUBCUTANEOUS SYRINGE</b>                   | Tier 4      | PA; QL (2 ML per 28 days)  |
| <b>LINCOMYCIN ANTIBIOTICS</b>                         |             |                            |
| <i>clindamycin hcl</i>                                | Tier 1      |                            |
| <b>CLINDAMYCIN PEDIATRIC</b>                          | Tier 1      |                            |
| <b>MONOBACTAM ANTIBIOTICS</b>                         |             |                            |
| <b>CAYSTON</b>  | Tier 4      | PA; QL (84 ML per 30 days) |
| <b>NATURAL PENICILLIN ANTIBIOTICS</b>                 |             |                            |
| <i>penicillin v potassium</i>                         | Tier 1      |                            |
| <b>NEURAMINIDASE INHIBITOR ANTIVIRALS</b>             |             |                            |
| <i>oseltamivir oral capsule 30 mg</i>                 | Tier 1      | QL (40 EA per 365 days)    |
| <i>oseltamivir oral capsule 45 mg, 75 mg</i>          | Tier 1      | QL (20 EA per 365 days)    |
| <i>oseltamivir oral suspension for reconstitution</i> | Tier 1      | QL (360 ML per 365 days)   |
| <b>NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS</b>           |             |                            |
| <i>acyclovir oral capsule</i>                         | Tier 1      |                            |
| <i>acyclovir oral suspension 200 mg/5 ml</i>          | Tier 1      |                            |
| <i>acyclovir oral tablet</i>                          | Tier 1      |                            |
| <i>adefovir</i>                                       | Tier 1      |                            |
| <b>BARACLUDE ORAL SOLUTION</b>                        | Tier 2      | PA                         |
| <i>entecavir</i>                                      | Tier 1      | PA                         |
| <i>famciclovir oral tablet 125 mg, 500 mg</i>         | Tier 1      | QL (21 EA per 30 days)     |
| <i>famciclovir oral tablet 250 mg</i>                 | Tier 1      | QL (60 EA per 30 days)     |
| <b>LAGEVRIO (EUA)</b>                                 | Tier 0      | QL (40 EA per 180 days)    |
| <i>ribavirin oral</i>                                 | Tier 4      |                            |



| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b>  |
|---|-------------|-----------------------------|
| SYMTUZA   | Tier 2      | QL (1 EA per 1 day)         |
| <i>valacyclovir</i>   | Tier 1      | QL (30 EA per 30 days)      |
| <b>OTHER MACROLIDE ANTIBIOTICS</b>                                  |             |                             |
| <i>amoxicil-clarithromy-lansopraz</i>                               | Tier 1      | QL (112 EA per 30 days)     |
| <i>azithromycin oral</i>  | Tier 1      |                             |
| <i>clarithromycin</i>   | Tier 1      |                             |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION                          | Tier 2      | PA; QL (136 ML per 10 days) |
| DIFICID ORAL TABLET   | Tier 2      | PA                          |
| <b>OXAZOLIDINONE ANTIBIOTICS</b>                                    |             |                             |
| <i>linezolid</i>  | Tier 1      | PA                          |
| <b>PENICILLINASE-RESISTANT PENICILLINS</b>                          |             |                             |
| <i>dicloxacillin</i>  | Tier 1      |                             |
| <b>POLYENE ANTIFUNGALS</b>  |             |                             |
| <i>nystatin oral</i>  | Tier 1      |                             |
| <b>PYRIMIDINE ANTIFUNGALS</b>                                       |             |                             |
| <i>flucytosine</i>  | Tier 1      |                             |
| <b>QUINOLONE ANTIBIOTICS</b>  |             |                             |
| <i>ciprofloxacin hcl oral</i>                                       | Tier 1      |                             |
| <i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml</i> | Tier 1      |                             |
| <i>levofloxacin oral</i>  | Tier 1      |                             |
| <i>ofloxacin oral</i>   | Tier 1      | QL (2 EA per 1 day)         |
| <b>RIFAMYCIN ANTIBIOTICS</b>  |             |                             |
| PRIFTIN   | Tier 3      |                             |
| <i>rifabutin</i>  | Tier 1      |                             |
| <i>rifampin oral</i>  | Tier 1      |                             |
| XIFAXAN ORAL TABLET 200 MG  | Tier 2      | PA; QL (9 EA per 30 days)   |
| XIFAXAN ORAL TABLET 550 MG  | Tier 2      | PA; QL (60 EA per 30 days)  |
| <b>SULFONAMIDE ANTIBIOTICS (SYSTEMIC)</b>                           |             |                             |
| <i>sulfadiazine</i>   | Tier 1      |                             |
| <i>sulfamethoxazole-trimethoprim oral</i>                           | Tier 1      |                             |
| <i>sulfasalazine</i>  | Tier 1      |                             |
| SULFATRIM   | Tier 1      |                             |
| <b>TETRACYCLINE ANTIBIOTICS</b>                                     |             |                             |
| <i>demeclocycline</i>   | Tier 1      | PA                          |
| <i>minocycline oral capsule</i>                                     | Tier 1      |                             |
| <i>minocycline oral tablet</i>                                      | Tier 1      |                             |
| <i>tetracycline oral capsule</i>                                    | Tier 1      |                             |

| Drug Name   | Tier   | Restrictions/Limits         |
|---|--------|-----------------------------|
| <b>URINARY ANTI-INFECTIVES</b>                      |        |                             |
| <i>nitrofurantoin macrocrystal</i>                  | Tier 1 |                             |
| <i>nitrofurantoin monohydr/m-cryst</i>              | Tier 1 |                             |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i>    | Tier 1 |                             |
| <i>trimethoprim</i>                                 | Tier 1 |                             |
| URETRON D-S   | Tier 1 |                             |
| URO-SP  | Tier 1 |                             |
| <b>ANTINEOPLASTIC AGENTS</b>                        |        |                             |
| <b>ANTINEOPLASTIC AGENTS</b>                        |        |                             |
| <i>abiraterone oral tablet 250 mg</i>               | Tier 4 | PA; QL (120 EA per 30 days) |
| <i>anastrozole</i>                                  | Tier 0 |                             |
| <i>bexarotene oral</i>                              | Tier 4 | PA                          |
| <i>bexarotene topical</i>                           | Tier 4 | PA; QL (60 GM per 30 days)  |
| <i>bicalutamide</i>                                 | Tier 1 |                             |
| <i>capecitabine</i>                                 | Tier 4 | PA                          |
| CAPRELSA ORAL TABLET 100 MG                         | Tier 4 | PA; QL (60 EA per 30 days)  |
| CAPRELSA ORAL TABLET 300 MG                         | Tier 4 | PA; QL (30 EA per 30 days)  |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) | Tier 4 | PA                          |
| <i>cyclophosphamide oral capsule</i>                | Tier 1 | PA                          |
| EMCYT   | Tier 2 | PA                          |
| ERIVEDGE  | Tier 4 | PA; QL (30 EA per 30 days)  |
| <i>erlotinib oral tablet 100 mg, 150 mg</i>         | Tier 4 | PA; QL (30 EA per 30 days)  |
| <i>erlotinib oral tablet 25 mg</i>                  | Tier 4 | PA; QL (60 EA per 30 days)  |
| <i>etoposide oral</i>                               | Tier 1 |                             |
| <i>exemestane</i>                                   | Tier 0 |                             |
| <i>fluorouracil topical cream 5 %</i>               | Tier 1 | QL (3 GM per 1 day)         |
| <i>fluorouracil topical solution</i>                | Tier 1 | QL (10 ML per 30 days)      |
| GILOTRIF  | Tier 4 | PA; QL (30 EA per 30 days)  |
| <i>hydroxyurea</i>                                  | Tier 1 |                             |
| IBRANCE   | Tier 4 | PA; QL (21 EA per 30 days)  |
| <i>imatinib oral tablet 100 mg</i>                  | Tier 4 | PA; QL (180 EA per 30 days) |
| <i>imatinib oral tablet 400 mg</i>                  | Tier 4 | PA; QL (60 EA per 30 days)  |
| IMBRUVICA ORAL CAPSULE                              | Tier 4 | PA; QL (28 EA per 28 days)  |
| IMBRUVICA ORAL TABLET                               | Tier 4 | PA; QL (28 EA per 28 days)  |
| INLYTA ORAL TABLET 1 MG                             | Tier 4 | PA; QL (180 EA per 30 days) |
| INLYTA ORAL TABLET 5 MG                             | Tier 4 | PA; QL (120 EA per 30 days) |
| JAKAFI  | Tier 4 | PA; QL (60 EA per 30 days)  |
| <i>lapatinib</i>                                    | Tier 4 | PA; QL (180 EA per 30 days) |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b>  |
|---|-------------|-----------------------------|
| <i>lenalidomide</i>   | Tier 4      | PA; QL (30 EA per 30 days)  |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2) | Tier 4      | PA                          |
| <i>letrozole</i>  | Tier 1      |                             |
| LEUKERAN  | Tier 2      | PA                          |
| LYSODREN  | Tier 4      |                             |
| MATULANE  | Tier 4      |                             |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>   | Tier 1      |                             |
| <i>megestrol oral tablet</i>  | Tier 1      |                             |
| MEKINIST ORAL TABLET 0.5 MG   | Tier 4      | PA; QL (90 EA per 30 days)  |
| MEKINIST ORAL TABLET 2 MG   | Tier 4      | PA; QL (30 EA per 30 days)  |
| <i>mercaptopurine</i>   | Tier 1      |                             |
| <i>methotrexate sodium oral</i>   | Tier 1      |                             |
| MYLERAN   | Tier 2      | PA                          |
| <i>nilutamide</i>   | Tier 1      | PA                          |
| OGSIVEO   | Tier 4      | QL (3 EA per 1 day)         |
| POMALYST  | Tier 4      | PA                          |
| REVLIMID  | Tier 4      | PA; QL (30 EA per 30 days)  |
| SOLTAMOX  | Tier 0      |                             |
| <i>sorafenib</i>  | Tier 4      | PA; QL (120 EA per 30 days) |
| <i>sunitinib malate oral capsule 12.5 mg</i>  | Tier 4      | PA; QL (90 EA per 30 days)  |
| <i>sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg</i>  | Tier 4      | PA; QL (30 EA per 30 days)  |
| TAFINLAR ORAL CAPSULE   | Tier 4      | PA; QL (120 EA per 30 days) |
| <i>tamoxifen</i>  | Tier 0      |                             |
| <i>temozolomide</i>   | Tier 4      | PA                          |
| <i>toremifene</i>   | Tier 1      | PA                          |
| <i>tretinoin (antineoplastic)</i>   | Tier 1      |                             |
| TREXALL   | Tier 2      |                             |
| <i>valrubicin</i>   | Tier 4      | PA                          |
| VERZENIO  | Tier 4      | PA; QL (60 EA per 30 days)  |
| VOTRIENT  | Tier 4      | PA; QL (120 EA per 30 days) |
| ZELBORAF  | Tier 4      | PA; QL (240 EA per 30 days) |
| ZOLINZA   | Tier 4      | PA                          |

| Drug Name   | Tier   | Restrictions/Limits |
|---|--------|---------------------|
| <b>ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES</b> |        |                     |
| <b>TOXOIDS</b>                                    |        |                     |
| ADACEL(TDAP ADOLESN/ADULT)(PF)                    | Tier 0 |                     |
| BOOSTRIX TDAP                                     | Tier 0 |                     |
| DAPTACEL (DTAP PEDIATRIC) (PF)                    | Tier 0 |                     |
| INFANRIX (DTAP) (PF)                              | Tier 0 |                     |
| PEDIARIX (PF)                                     | Tier 0 |                     |
| TDVAX   | Tier 0 |                     |
| TENIVAC (PF)                                      | Tier 0 |                     |
| VAXELIS (PF)                                      | Tier 0 |                     |
| <b>VACCINES</b>                                   |        |                     |
| ABRYSVO (PF)                                      | Tier 2 |                     |
| ACTHIB (PF)                                       | Tier 0 |                     |
| AREXVY (PF)                                       | Tier 2 |                     |
| AREXVY ADJUVANT COMPONENT (PF)                    | Tier 2 |                     |
| AREXVY ANTIGEN COMPONENT                          | Tier 2 |                     |
| <i>bcg vaccine, live (pf)</i>                     | Tier 0 |                     |
| BEXSERO   | Tier 0 |                     |
| BIOTHRAX  | Tier 0 |                     |
| COMIRNATY 2023-24 (12Y UP)(PF)                    | Tier 0 |                     |
| DENGVAXIA (PF)                                    | Tier 0 |                     |
| ENGERIX-B (PF)                                    | Tier 0 |                     |
| ENGERIX-B PEDIATRIC (PF)                          | Tier 0 |                     |
| GARDASIL 9 (PF)                                   | Tier 0 |                     |
| HAVRIX (PF)                                       | Tier 0 |                     |
| HEPLISAV-B (PF)                                   | Tier 0 |                     |
| HIBERIX (PF)                                      | Tier 0 |                     |
| IMOVAX RABIES VACCINE (PF)                        | Tier 0 |                     |
| IPOL  | Tier 0 |                     |
| IXIARO (PF)                                       | Tier 0 |                     |
| KINRIX (PF)                                       | Tier 0 |                     |
| MENQUADFI (PF)                                    | Tier 0 |                     |
| MENVEO A-C-Y-W-135-DIP (PF)                       | Tier 0 |                     |
| M-M-R II (PF)                                     | Tier 0 |                     |
| PEDIARIX (PF)                                     | Tier 0 |                     |
| PEDVAX HIB (PF)                                   | Tier 0 |                     |
| PENTACEL (PF)                                     | Tier 0 |                     |
| PENTACEL ACTHIB COMPONENT (PF)                    | Tier 0 |                     |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| PNEUMOVAX-23   | Tier 0      |                            |
| PREHEVBRIO (PF)  | Tier 0      |                            |
| PREVNAR 20 (PF)  | Tier 0      |                            |
| PRIORIX (PF)   | Tier 0      |                            |
| PROQUAD (PF)   | Tier 0      |                            |
| QUADRACEL (PF)   | Tier 0      |                            |
| RABAVERT (PF)  | Tier 0      |                            |
| RECOMBIVAX HB (PF)   | Tier 0      |                            |
| ROTARIX  | Tier 0      |                            |
| ROTATEQ VACCINE  | Tier 0      |                            |
| SHINGRIX (PF)  | Tier 0      |                            |
| SPIKEVAX 2023-2024(12Y UP)(PF)   | Tier 0      |                            |
| STAMARIL (PF)  | Tier 0      |                            |
| TRUMENBA   | Tier 0      |                            |
| TWINRIX (PF)   | Tier 0      |                            |
| TYPHIM VI  | Tier 0      |                            |
| VAQTA (PF)   | Tier 0      |                            |
| VARIVAX (PF)   | Tier 0      |                            |
| VAXELIS (PF)   | Tier 0      |                            |
| VAXNEUVANCE (PF)   | Tier 0      |                            |
| VIVOTIF  | Tier 0      |                            |
| YF-VAX (PF)  | Tier 0      |                            |
| <b>AUTONOMIC DRUGS</b>   |             |                            |
| <b>ALPHA- AND BETA-ADRENERGIC AGONISTS</b>                               |             |                            |
| <i>brompheniramine-pseudoeph-dm</i>                                      | Tier 1      |                            |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>               | Tier 2      | QL (2 EA per 30 days)      |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | Tier 1      | QL (2 EA per 30 days)      |
| GUAIFENESIN DAC  | Tier 1      |                            |
| RYDEX  | Tier 1      |                            |
| <b>ALPHA-ADRENERGIC AGONISTS</b>   |             |                            |
| <i>clonidine</i>   | Tier 1      | QL (4 EA per 30 days)      |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>                          | Tier 1      | QL (10 EA per 1 day)       |
| <i>clonidine hcl oral tablet 0.3 mg</i>                                  | Tier 1      | QL (8 EA per 1 day)        |
| <i>clonidine hcl oral tablet extended release 12 hr</i>                  | Tier 1      | QL (4 EA per 1 day)        |
| <i>methyl dopa</i>   | Tier 1      |                            |
| <i>midodrine</i>   | Tier 1      |                            |
| PROMETHAZINE VC  | Tier 1      |                            |

| Drug Name  | Tier   | Restrictions/Limits     |
|--|--------|-------------------------|
| <b>ANTIMUSCARINICS/ANTISPASMODICS</b>            |        |                         |
| ATROVENT HFA                                     | Tier 2 | QL (26 GM per 30 days)  |
| <i>chlordiazepoxide-clidinium</i>                | Tier 1 |                         |
| COMBIVENT RESPIMAT                               | Tier 2 | QL (8 GM per 30 days)   |
| <i>dicyclomine oral</i>                          | Tier 1 |                         |
| <i>diphenoxylate-atropine oral tablet</i>        | Tier 1 |                         |
| ED-SPAZ  | Tier 1 |                         |
| <i>glycopyrrolate oral solution</i>              | Tier 1 | PA                      |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>     | Tier 1 |                         |
| HYDROMET   | Tier 1 | QL (4 ML per 1 day)     |
| <i>hyoscyamine sulfate oral</i>                  | Tier 1 |                         |
| <i>hyoscyamine sulfate sublingual</i>            | Tier 1 |                         |
| HYOSYNE  | Tier 1 |                         |
| <i>ipratropium bromide inhalation</i>            | Tier 1 | QL (10 ML per 1 day)    |
| <i>ipratropium-albuterol</i>                     | Tier 1 | QL (540 ML per 30 days) |
| <i>methscopolamine</i>                           | Tier 1 |                         |
| OSCIMIN  | Tier 1 |                         |
| OSCIMIN SL                                       | Tier 1 |                         |
| SPIRIVA RESPIMAT                                 | Tier 2 | QL (4 GM per 30 days)   |
| STIOLTO RESPIMAT                                 | Tier 2 | QL (4 GM per 30 days)   |
| SYMAX-SR   | Tier 1 |                         |
| <b>ANTIPARKINSONIAN AGENTS</b>                   |        |                         |
| <i>benztropine oral</i>                          | Tier 1 |                         |
| <i>trihexyphenidyl</i>                           | Tier 1 |                         |
| <b>CENTRALLY ACTING SKELETAL MUSCLE RELAXANT</b> |        |                         |
| <i>chlorzoxazone oral tablet 500 mg</i>          | Tier 1 |                         |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>   | Tier 1 |                         |
| CYCLOTENS STARTER                                | Tier 2 |                         |
| <i>metaxalone oral tablet 800 mg</i>             | Tier 1 |                         |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>  | Tier 1 |                         |
| <i>tizanidine oral tablet</i>                    | Tier 1 |                         |
| <b>DIRECT-ACTING SKELETAL MUSCLE RELAXANTS</b>   |        |                         |
| <i>dantrolene oral</i>                           | Tier 1 |                         |
| <b>GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT</b>  |        |                         |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>   | Tier 1 |                         |

| Drug Name  | Tier   | Restrictions/Limits       |
|--|--------|---------------------------|
| <b>NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS</b>            |        |                           |
| <i>carvedilol</i>  | Tier 1 |                           |
| <i>labetalol oral</i>                                      | Tier 1 |                           |
| <i>propranolol oral</i>                                    | Tier 1 |                           |
| <i>propranolol-hydrochlorothiazid</i>                      | Tier 1 |                           |
| SOTALOL AF   | Tier 1 |                           |
| <i>sotalol oral</i>  | Tier 1 |                           |
| <i>timolol maleate oral</i>                                | Tier 1 |                           |
| <b>NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS</b>            |        |                           |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>              | Tier 1 | QL (30 EA per 30 days)    |
| <i>doxazosin oral tablet 8 mg</i>                          | Tier 1 | QL (60 EA per 30 days)    |
| <i>prazosin</i>  | Tier 1 |                           |
| <i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>             | Tier 1 | QL (30 EA per 30 days)    |
| <i>terazosin oral capsule 10 mg</i>                        | Tier 1 | QL (60 EA per 30 days)    |
| <b>NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS</b>            |        |                           |
| <i>dihydroergotamine nasal</i>                             | Tier 1 | ST; QL (8 ML per 30 days) |
| <i>ergoloid</i>  | Tier 1 | PA                        |
| <i>ergotamine-caffeine</i>                                 | Tier 1 |                           |
| <i>phenoxybenzamine</i>                                    | Tier 1 |                           |
| <b>PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)</b>            |        |                           |
| <i>bethanechol chloride</i>                                | Tier 1 |                           |
| <i>cevimeline</i>  | Tier 1 | ST                        |
| <i>donepezil oral tablet 10 mg, 5 mg</i>                   | Tier 1 |                           |
| <i>galantamine</i>   | Tier 1 |                           |
| <i>pilocarpine hcl oral</i>                                | Tier 1 |                           |
| <i>pyridostigmine bromide oral syrup</i>                   | Tier 1 |                           |
| <i>pyridostigmine bromide oral tablet 60 mg</i>            | Tier 1 |                           |
| <i>pyridostigmine bromide oral tablet extended release</i> | Tier 1 |                           |
| <i>rivastigmine tartrate</i>                               | Tier 1 |                           |
| <b>SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT</b>            |        |                           |
| <i>alfuzosin</i>   | Tier 1 |                           |
| <i>carvedilol</i>  | Tier 1 |                           |
| <i>dutasteride-tamsulosin</i>                              | Tier 1 | ST                        |
| <i>labetalol oral</i>                                      | Tier 1 |                           |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| <i>silodosin</i>  | Tier 1      |                            |
| <i>tamsulosin</i>   | Tier 1      |                            |
| <b>SELECTIVE BETA-2-ADRENERGIC AGONISTS</b>   |             |                            |
| <i>albuterol sulfate inhalation hfa aerosol inhaler</i>   | Tier 1      | QL (17 GM per 30 days)     |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %)</i> | Tier 1      | QL (375 ML per 30 days)    |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>                                     | Tier 1      | QL (2 EA per 1 day)        |
| <i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>   | Tier 1      | QL (2 ML per 1 day)        |
| <i>albuterol sulfate oral</i>   | Tier 1      |                            |
| <i>budesonide-formoterol</i>  | Tier 2      | ST; QL (11 GM per 30 days) |
| COMBIVENT RESPIMAT  | Tier 2      | QL (8 GM per 30 days)      |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION   | Tier 2      | ST; QL (1 GM per 30 days)  |
| DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION                                   | Tier 2      | ST; QL (13 GM per 30 days) |
| <i>fluticasone furoate-vilanterol</i>   | Tier 2      | ST; QL (60 EA per 30 days) |
| <i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>                                 | Tier 2      | ST; QL (1 EA per 30 days)  |
| <i>fluticasone propion-salmeterol inhalation blister with device</i>  | Tier 1      | QL (1 EA per 30 days)      |
| <i>formoterol fumarate</i>  | Tier 1      | QL (120 ML per 30 days)    |
| <i>ipratropium-albuterol</i>  | Tier 1      | QL (540 ML per 30 days)    |
| <i>levalbuterol tartrate</i>  | Tier 2      | QL (30 GM per 30 days)     |
| SEREVENT DISKUS   | Tier 2      | QL (60 EA per 30 days)     |
| STIOLTO RESPIMAT  | Tier 2      | QL (4 GM per 30 days)      |
| STRIVERDI RESPIMAT  | Tier 2      | QL (4 GM per 30 days)      |
| <i>terbutaline oral</i>   | Tier 1      |                            |
| <b>SELECTIVE BETA-ADRENERGIC BLOCKING AGENT</b>   |             |                            |
| <i>acebutolol</i>   | Tier 1      |                            |
| <i>atenolol</i>   | Tier 1      |                            |
| <i>atenolol-chlorthalidone</i>  | Tier 1      |                            |
| <i>bisoprolol fumarate</i>  | Tier 1      |                            |
| <i>bisoprolol-hydrochlorothiazide</i>   | Tier 1      |                            |
| <i>metoprolol succinate</i>   | Tier 1      |                            |
| <i>metoprolol ta-hydrochlorothiaz</i>   | Tier 1      |                            |



| Drug Name   | Tier   | Restrictions/Limits        |
|---|--------|----------------------------|
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 |                            |
| <b>BLOOD FORMATION, COAGULATION, THROMBOSIS</b>             |        |                            |
| <b>ANTICOAGULANTS, MISCELLANEOUS</b>                        |        |                            |
| ACD SOLUTION A  | Tier 2 |                            |
| ACD-A   | Tier 2 |                            |
| <i>anticoag citrate phos dextrose</i>                       | Tier 2 |                            |
| <b>COUMARIN DERIVATIVES</b>                                 |        |                            |
| JANTOVEN  | Tier 1 |                            |
| <i>warfarin</i>   | Tier 1 |                            |
| <b>DIRECT FACTOR XA INHIBITORS</b>                          |        |                            |
| ELIQUIS   | Tier 2 |                            |
| ELIQUIS DVT-PE TREAT 30D START                              | Tier 2 |                            |
| XARELTO DVT-PE TREAT 30D START                              | Tier 2 | QL (51 EA per 30 days)     |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION                  | Tier 2 | PA                         |
| XARELTO ORAL TABLET   | Tier 2 |                            |
| <b>HEMATOPOIETIC AGENTS</b>                                 |        |                            |
| PROMACTA ORAL TABLET 12.5 MG                                | Tier 4 | PA; QL (90 EA per 30 days) |
| PROMACTA ORAL TABLET 25 MG                                  | Tier 4 | PA; QL (30 EA per 30 days) |
| PROMACTA ORAL TABLET 50 MG, 75 MG                           | Tier 4 | PA; QL (60 EA per 30 days) |
| ZARXIO  | Tier 4 | PA                         |
| <b>HEMORRHOLOGIC AGENTS</b>                                 |        |                            |
| <i>pentoxifylline</i>                                       | Tier 1 |                            |
| <b>HEMOSTATICS</b>  |        |                            |
| <i>desmopressin injection</i>                               | Tier 4 |                            |
| <i>desmopressin oral</i>                                    | Tier 1 |                            |
| MONSEL'S  | Tier 2 |                            |
| NOCDURNA (MEN)  | Tier 3 | PA; QL (30 EA per 30 days) |
| NOCDURNA (WOMEN)  | Tier 3 | PA; QL (30 EA per 30 days) |
| <i>tranexamic acid oral</i>                                 | Tier 1 |                            |
| <b>HEPARINS</b>   |        |                            |
| <i>enoxaparin</i>   | Tier 4 |                            |
| <i>heparin (porcine) injection solution 5,000 unit/ml</i>   | Tier 1 |                            |
| <b>IRON PREPARATIONS</b>                                    |        |                            |
| CLASSIC PRENATAL  | Tier 0 |                            |
| FOLITAB   | Tier 0 |                            |
| MULTI-VIT WITH FLUORIDE-IRON                                | Tier 1 |                            |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| ONE DAILY PRENATAL   | Tier 0      |                            |
| <i>pnv cmb#95-ferrous fumarate-fa</i>                            | Tier 0      |                            |
| PRENATAL COMPLETE  | Tier 0      |                            |
| PRENATAL MULTI-DHA (ALGAL OIL)                                   | Tier 0      |                            |
| PRENATAL MULTIVITAMINS   | Tier 0      |                            |
| PRENATAL ONE DAILY   | Tier 0      |                            |
| PRENATAL ORAL TABLET 28 MG IRON- 800 MCG                         | Tier 0      |                            |
| PRENATAL TABLET  | Tier 0      |                            |
| <i>prenatal vit no.179-iron-folic</i>                            | Tier 0      |                            |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG                  | Tier 0      |                            |
| PRENATAL VITAMIN WITH MINERALS                                   | Tier 0      |                            |
| <i>prenatal vit-iron fum-folic ac</i>                            | Tier 0      |                            |
| STRESS FORMULA WITH IRON   | Tier 0      |                            |
| STRESS FORMULA WITH IRON(SULF)                                   | Tier 0      |                            |
| WESCAP-C DHA   | Tier 1      |                            |
| <b>PLATELET-AGGREGATION INHIBITORS</b>                           |             |                            |
| ADULT ASPIRIN REGIMEN  | Tier 0      |                            |
| ASPIRIN CHILDRENS  | Tier 0      |                            |
| <i>aspirin oral tablet</i>                                       | Tier 0      |                            |
| <i>aspirin oral tablet,chewable</i>                              | Tier 0      |                            |
| <i>aspirin oral tablet,delayed release (drlec) 325 mg, 81 mg</i> | Tier 0      |                            |
| <i>aspirin,buffd-calcium carb-mag</i>                            | Tier 0      |                            |
| <i>aspirin-dipyridamole</i>                                      | Tier 1      | ST                         |
| BAYER ASPIRIN  | Tier 0      |                            |
| BAYER LOW DOSE ASPIRIN   | Tier 0      |                            |
| BRILINTA   | Tier 2      | ST                         |
| BUFFERIN   | Tier 0      |                            |
| <i>butalbital-aspirin-caffeine oral capsule</i>                  | Tier 1      | QL (48 EA per 30 days)     |
| CHILDREN'S ASPIRIN   | Tier 0      |                            |
| <i>cilostazol</i>  | Tier 1      |                            |
| <i>clopidogrel oral tablet 75 mg</i>                             | Tier 1      |                            |
| <i>dipyridamole oral</i>   | Tier 1      |                            |
| ECOTRIN  | Tier 0      |                            |
| ECOTRIN LOW STRENGTH   | Tier 0      |                            |
| <i>prasugrel</i>   | Tier 1      |                            |
| ST JOSEPH ASPIRIN  | Tier 0      |                            |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| ST. JOSEPH ASPIRIN  | Tier 0      |                            |
| TRI-BUFFERED ASPIRIN  | Tier 0      |                            |
| <b>PLATELET-REDUCING AGENTS</b>                                   |             |                            |
| <i>anagrelide</i>   | Tier 1      |                            |
| <b>THROMBOLYTIC AGENTS</b>  |             |                            |
| ADULT ASPIRIN REGIMEN   | Tier 0      |                            |
| ASPIRIN CHILDRENS   | Tier 0      |                            |
| <i>aspirin oral tablet</i>  | Tier 0      |                            |
| <i>aspirin oral tablet, chewable</i>                              | Tier 0      |                            |
| <i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i> | Tier 0      |                            |
| <i>aspirin, buffd-calcium carb-mag</i>                            | Tier 0      |                            |
| BAYER ASPIRIN   | Tier 0      |                            |
| BAYER LOW DOSE ASPIRIN  | Tier 0      |                            |
| BUFFERIN  | Tier 0      |                            |
| <i>butalbital-aspirin-caffeine oral capsule</i>                   | Tier 1      | QL (48 EA per 30 days)     |
| CHILDREN'S ASPIRIN  | Tier 0      |                            |
| ECOTRIN   | Tier 0      |                            |
| ECOTRIN LOW STRENGTH  | Tier 0      |                            |
| ST JOSEPH ASPIRIN   | Tier 0      |                            |
| ST. JOSEPH ASPIRIN  | Tier 0      |                            |
| TRI-BUFFERED ASPIRIN  | Tier 0      |                            |
| <b>CARDIOVASCULAR DRUGS</b>                                       |             |                            |
| <b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>                           |             |                            |
| <i>carvedilol</i>   | Tier 1      |                            |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>                     | Tier 1      | QL (30 EA per 30 days)     |
| <i>doxazosin oral tablet 8 mg</i>                                 | Tier 1      | QL (60 EA per 30 days)     |
| <i>labetalol oral</i>   | Tier 1      |                            |
| <i>prazosin</i>   | Tier 1      |                            |
| <i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>                    | Tier 1      | QL (30 EA per 30 days)     |
| <i>terazosin oral capsule 10 mg</i>                               | Tier 1      | QL (60 EA per 30 days)     |
| <b>ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN)</b>                    |             |                            |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>                     | Tier 1      | QL (30 EA per 30 days)     |
| <i>doxazosin oral tablet 8 mg</i>                                 | Tier 1      | QL (60 EA per 30 days)     |
| <i>prazosin</i>   | Tier 1      |                            |
| <i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>                    | Tier 1      | QL (30 EA per 30 days)     |
| <i>terazosin oral capsule 10 mg</i>                               | Tier 1      | QL (60 EA per 30 days)     |

| <b>Drug Name</b>                                | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| <b>ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN)</b> |             |                            |
| <i>amlodipine-olmesartan</i>                    | Tier 1      |                            |
| <i>amlodipine-valsartan</i>                     | Tier 1      |                            |
| <i>candesartan</i>                              | Tier 1      |                            |
| <i>candesartan-hydrochlorothiazid</i>           | Tier 1      |                            |
| <i>irbesartan</i>                               | Tier 1      |                            |
| <i>irbesartan-hydrochlorothiazide</i>           | Tier 1      |                            |
| <i>losartan</i>                                 | Tier 1      |                            |
| <i>losartan-hydrochlorothiazide</i>             | Tier 1      |                            |
| <i>olmesartan</i>                               | Tier 1      |                            |
| <i>olmesartan-amlodipin-hcthiazid</i>           | Tier 1      |                            |
| <i>olmesartan-hydrochlorothiazide</i>           | Tier 1      |                            |
| <i>telmisartan</i>                              | Tier 1      |                            |
| <i>telmisartan-amlodipine</i>                   | Tier 1      |                            |
| <i>telmisartan-hydrochlorothiazid</i>           | Tier 1      |                            |
| <i>valsartan oral tablet</i>                    | Tier 1      |                            |
| <i>valsartan-hydrochlorothiazide</i>            | Tier 1      |                            |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>      |             |                            |
| <i>amlodipine-olmesartan</i>                    | Tier 1      |                            |
| <i>amlodipine-valsartan</i>                     | Tier 1      |                            |
| <i>candesartan</i>                              | Tier 1      |                            |
| <i>candesartan-hydrochlorothiazid</i>           | Tier 1      |                            |
| <i>irbesartan</i>                               | Tier 1      |                            |
| <i>irbesartan-hydrochlorothiazide</i>           | Tier 1      |                            |
| <i>losartan</i>                                 | Tier 1      |                            |
| <i>losartan-hydrochlorothiazide</i>             | Tier 1      |                            |
| <i>olmesartan</i>                               | Tier 1      |                            |
| <i>olmesartan-amlodipin-hcthiazid</i>           | Tier 1      |                            |
| <i>olmesartan-hydrochlorothiazide</i>           | Tier 1      |                            |
| <i>telmisartan</i>                              | Tier 1      |                            |
| <i>telmisartan-amlodipine</i>                   | Tier 1      |                            |
| <i>telmisartan-hydrochlorothiazid</i>           | Tier 1      |                            |
| <i>valsartan oral tablet</i>                    | Tier 1      |                            |
| <i>valsartan-hydrochlorothiazide</i>            | Tier 1      |                            |
| <b>ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN)</b> |             |                            |
| <i>amlodipine-benazepril</i>                    | Tier 1      |                            |
| <i>benazepril</i>                               | Tier 1      |                            |

| <b>Drug Name</b>                                 | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| <i>benazepril-hydrochlorothiazide</i>            | Tier 1      |                            |
| <i>captopril</i>                                 | Tier 1      |                            |
| <i>captopril-hydrochlorothiazide</i>             | Tier 1      |                            |
| <i>enalapril maleate oral solution</i>           | Tier 1      | ST                         |
| <i>enalapril maleate oral tablet</i>             | Tier 1      |                            |
| <i>enalapril-hydrochlorothiazide</i>             | Tier 1      |                            |
| <i>fosinopril</i>                                | Tier 1      |                            |
| <i>fosinopril-hydrochlorothiazide</i>            | Tier 1      |                            |
| <i>lisinopril</i>                                | Tier 1      |                            |
| <i>lisinopril-hydrochlorothiazide</i>            | Tier 1      |                            |
| <i>quinapril</i>                                 | Tier 1      |                            |
| <i>quinapril-hydrochlorothiazide</i>             | Tier 1      |                            |
| <i>ramipril</i>                                  | Tier 1      |                            |
| <i>trandolapril</i>                              | Tier 1      |                            |
| <b>ANGIOTENSIN-CONVERTING ENZYME INHIBITORS</b>  |             |                            |
| <i>amlodipine-benazepril</i>                     | Tier 1      |                            |
| <i>benazepril</i>                                | Tier 1      |                            |
| <i>benazepril-hydrochlorothiazide</i>            | Tier 1      |                            |
| <i>captopril</i>                                 | Tier 1      |                            |
| <i>captopril-hydrochlorothiazide</i>             | Tier 1      |                            |
| <i>enalapril maleate oral solution</i>           | Tier 1      | ST                         |
| <i>enalapril maleate oral tablet</i>             | Tier 1      |                            |
| <i>enalapril-hydrochlorothiazide</i>             | Tier 1      |                            |
| <i>fosinopril</i>                                | Tier 1      |                            |
| <i>fosinopril-hydrochlorothiazide</i>            | Tier 1      |                            |
| <i>lisinopril</i>                                | Tier 1      |                            |
| <i>lisinopril-hydrochlorothiazide</i>            | Tier 1      |                            |
| <i>quinapril</i>                                 | Tier 1      |                            |
| <i>quinapril-hydrochlorothiazide</i>             | Tier 1      |                            |
| <i>ramipril</i>                                  | Tier 1      |                            |
| <i>trandolapril</i>                              | Tier 1      |                            |
| <b>ANTILIPEMIC AGENTS, MISCELLANEOUS</b>         |             |                            |
| <i>niacin oral tablet 500 mg</i>                 | Tier 1      |                            |
| <i>niacin oral tablet extended release 24 hr</i> | Tier 1      |                            |
| <b>BETA-ADRENERGIC BLOCKING AGENTS</b>           |             |                            |
| <i>atenolol-chlorthalidone</i>                   | Tier 1      |                            |
| <i>bisoprolol fumarate</i>                       | Tier 1      |                            |
| <i>bisoprolol-hydrochlorothiazide</i>            | Tier 1      |                            |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b>  |
|---|-------------|-----------------------------|
| <i>labetalol oral</i>                                       | Tier 1      |                             |
| <i>metoprolol succinate</i>                                 | Tier 1      |                             |
| <i>metoprolol ta-hydrochlorothiaz</i>                       | Tier 1      |                             |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1      |                             |
| <i>nadolol</i>  | Tier 1      |                             |
| <i>propranolol oral</i>                                     | Tier 1      |                             |
| <i>propranolol-hydrochlorothiazid</i>                       | Tier 1      |                             |
| SOTALOL AF  | Tier 1      |                             |
| <i>sotalol oral</i>   | Tier 1      |                             |
| <i>timolol maleate oral</i>                                 | Tier 1      |                             |
| <b>BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN)</b>               |             |                             |
| <i>atenolol-chlorthalidone</i>                              | Tier 1      |                             |
| <i>bisoprolol-hydrochlorothiazide</i>                       | Tier 1      |                             |
| <i>labetalol oral</i>                                       | Tier 1      |                             |
| <i>metoprolol succinate</i>                                 | Tier 1      |                             |
| <i>metoprolol ta-hydrochlorothiaz</i>                       | Tier 1      |                             |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1      |                             |
| <i>nadolol</i>  | Tier 1      |                             |
| <i>propranolol oral</i>                                     | Tier 1      |                             |
| <i>propranolol-hydrochlorothiazid</i>                       | Tier 1      |                             |
| SOTALOL AF  | Tier 1      |                             |
| <i>sotalol oral</i>   | Tier 1      |                             |
| <i>timolol maleate oral</i>                                 | Tier 1      |                             |
| <b>BILE ACID SEQUESTRANTS</b>                               |             |                             |
| <i>cholestyramine (with sugar)</i>                          | Tier 1      |                             |
| CHOLESTYRAMINE LIGHT  | Tier 1      |                             |
| <i>cholestyramine-aspartame</i>                             | Tier 1      |                             |
| <i>colesevelam oral powder in packet</i>                    | Tier 1      | PA; QL (30 EA per 30 days)  |
| <i>colesevelam oral tablet</i>                              | Tier 1      | PA; QL (180 EA per 30 days) |
| <i>colestipol oral tablet</i>                               | Tier 1      |                             |
| <b>CALCIUM-CHANNEL BLOCKING AGENTS</b>                      |             |                             |
| <i>amlodipine</i>   | Tier 1      |                             |
| <i>amlodipine-benazepril</i>                                | Tier 1      |                             |
| <i>amlodipine-olmesartan</i>                                | Tier 1      |                             |
| <i>amlodipine-valsartan</i>                                 | Tier 1      |                             |
| CARTIA XT   | Tier 1      |                             |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| <i>diltiazem hcl oral</i>  | Tier 1      |                            |
| DILT-XR  | Tier 1      |                            |
| <i>felodipine</i>  | Tier 1      |                            |
| MATZIM LA  | Tier 1      |                            |
| <i>nifedipine</i>  | Tier 1      |                            |
| <i>olmesartan-amlodipin-hcthiazid</i>                            | Tier 1      |                            |
| <i>telmisartan-amlodipine</i>                                    | Tier 1      |                            |
| <i>verapamil oral capsule,ext rel. pellets 24 hr</i>             | Tier 1      |                            |
| <i>verapamil oral tablet 120 mg, 80 mg</i>                       | Tier 1      |                            |
| <i>verapamil oral tablet 40 mg</i>                               | Tier 1      | QL (12 EA per 1 day)       |
| <i>verapamil oral tablet extended release</i>                    | Tier 1      |                            |
| <b>CARDIAC DRUGS, MISCELLANEOUS</b>                              |             |                            |
| <i>ranolazine</i>  | Tier 1      |                            |
| <b>CARDIOTONIC AGENTS</b>  |             |                            |
| DIGITEK  | Tier 1      |                            |
| <i>digoxin oral solution</i>                                     | Tier 1      |                            |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> | Tier 1      |                            |
| <b>CENTRAL ALPHA-AGONISTS</b>                                    |             |                            |
| <i>clonidine</i>   | Tier 1      | QL (4 EA per 30 days)      |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>                  | Tier 1      | QL (10 EA per 1 day)       |
| <i>clonidine hcl oral tablet 0.3 mg</i>                          | Tier 1      | QL (8 EA per 1 day)        |
| <i>clonidine hcl oral tablet extended release 12 hr</i>          | Tier 1      | QL (4 EA per 1 day)        |
| <i>guanfacine oral tablet</i>                                    | Tier 1      |                            |
| <i>guanfacine oral tablet extended release 24 hr</i>             | Tier 1      | QL (1 EA per 1 day)        |
| <i>methyl dopa</i>   | Tier 1      |                            |
| <b>CHOLESTEROL ABSORPTION INHIBITORS</b>                         |             |                            |
| <i>ezetimibe</i>   | Tier 1      |                            |
| <i>ezetimibe-simvastatin</i>                                     | Tier 1      | ST; QL (30 EA per 30 days) |
| <b>CLASS IA ANTIARRHYTHMICS</b>                                  |             |                            |
| <i>disopyramide phosphate</i>                                    | Tier 1      |                            |
| NORPACE CR   | Tier 2      |                            |
| <i>quinidine sulfate</i>   | Tier 1      |                            |
| <b>CLASS IB ANTIARRHYTHMICS</b>                                  |             |                            |
| DILANTIN   | Tier 2      |                            |
| <i>phenytoin</i>   | Tier 1      |                            |
| <i>phenytoin sodium extended</i>                                 | Tier 1      |                            |
| <b>CLASS IC ANTIARRHYTHMICS</b>                                  |             |                            |
| <i>flecainide</i>  | Tier 1      |                            |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| <i>propafenone</i>  | Tier 1      |                            |
| <b>CLASS II ANTIARRHYTHMICS</b>                             |             |                            |
| <i>acebutolol</i>   | Tier 1      |                            |
| <i>atenolol</i>   | Tier 1      |                            |
| <i>atenolol-chlorthalidone</i>                              | Tier 1      |                            |
| <i>bisoprolol fumarate</i>                                  | Tier 1      |                            |
| <i>bisoprolol-hydrochlorothiazide</i>                       | Tier 1      |                            |
| <i>carvedilol</i>   | Tier 1      |                            |
| <i>labetalol oral</i>                                       | Tier 1      |                            |
| <i>metoprolol succinate</i>                                 | Tier 1      |                            |
| <i>metoprolol ta-hydrochlorothiaz</i>                       | Tier 1      |                            |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1      |                            |
| <i>nadolol</i>  | Tier 1      |                            |
| <i>propranolol oral</i>                                     | Tier 1      |                            |
| <i>propranolol-hydrochlorothiazid</i>                       | Tier 1      |                            |
| SOTALOL AF  | Tier 1      |                            |
| <i>sotalol oral</i>   | Tier 1      |                            |
| <i>timolol maleate oral</i>                                 | Tier 1      |                            |
| <b>CLASS III ANTIARRHYTHMICS</b>                            |             |                            |
| <i>amiodarone oral tablet 200 mg, 400 mg</i>                | Tier 1      |                            |
| <i>dofetilide</i>   | Tier 1      |                            |
| PACERONE ORAL TABLET 200 MG, 400 MG                         | Tier 1      |                            |
| SOTALOL AF  | Tier 1      |                            |
| <i>sotalol oral</i>   | Tier 1      |                            |
| <b>CLASS IV ANTIARRHYTHMICS</b>                             |             |                            |
| CARTIA XT   | Tier 1      |                            |
| <i>diltiazem hcl oral</i>                                   | Tier 1      |                            |
| DILT-XR   | Tier 1      |                            |
| MATZIM LA   | Tier 1      |                            |
| <i>verapamil oral capsule,ext rel. pellets 24 hr</i>        | Tier 1      |                            |
| <i>verapamil oral tablet 120 mg, 80 mg</i>                  | Tier 1      |                            |
| <i>verapamil oral tablet 40 mg</i>                          | Tier 1      | QL (12 EA per 1 day)       |
| <i>verapamil oral tablet extended release</i>               | Tier 1      |                            |
| <b>DIHYDROPYRIDINES</b>                                     |             |                            |
| <i>amlodipine</i>   | Tier 1      |                            |
| <i>amlodipine-benazepril</i>                                | Tier 1      |                            |
| <i>amlodipine-olmesartan</i>                                | Tier 1      |                            |
| <i>amlodipine-valsartan</i>                                 | Tier 1      |                            |



| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| <i>felodipine</i>  | Tier 1      |                            |
| <i>nifedipine</i>  | Tier 1      |                            |
| <i>olmesartan-amlodipin-hcthiazyd</i>                            | Tier 1      |                            |
| <i>telmisartan-amlodipine</i>                                    | Tier 1      |                            |
| <b>DIHYDROPYRIDINES (ANTIHYPERTENSIVE)</b>                       |             |                            |
| <i>amlodipine</i>  | Tier 1      |                            |
| <i>amlodipine-benazepril</i>                                     | Tier 1      |                            |
| <i>amlodipine-olmesartan</i>                                     | Tier 1      |                            |
| <i>amlodipine-valsartan</i>                                      | Tier 1      |                            |
| <i>felodipine</i>  | Tier 1      |                            |
| <i>nifedipine</i>  | Tier 1      |                            |
| <i>olmesartan-amlodipin-hcthiazyd</i>                            | Tier 1      |                            |
| <i>telmisartan-amlodipine</i>                                    | Tier 1      |                            |
| <b>DIRECT VASODILATORS</b>                                       |             |                            |
| <i>hydralazine oral</i>  | Tier 1      |                            |
| <i>minoxidil oral</i>  | Tier 1      |                            |
| <b>FIBRIC ACID DERIVATIVES</b>                                   |             |                            |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i> | Tier 1      |                            |
| <i>fenofibrate micronized oral capsule 90 mg</i>                 | Tier 2      | ST                         |
| <i>fenofibrate nanocrystallized</i>                              | Tier 1      |                            |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                     | Tier 1      |                            |
| <i>gemfibrozil</i>   | Tier 1      |                            |
| <b>HMG-COA REDUCTASE INHIBITORS</b>                              |             |                            |
| <i>atorvastatin oral tablet 10 mg, 20 mg</i>                     | Tier 0      | QL (30 EA per 30 days)     |
| <i>atorvastatin oral tablet 40 mg, 80 mg</i>                     | Tier 1      | QL (30 EA per 30 days)     |
| <i>ezetimibe-simvastatin</i>                                     | Tier 1      | ST; QL (30 EA per 30 days) |
| <i>fluvastatin oral capsule 20 mg</i>                            | Tier 0      | QL (30 EA per 30 days)     |
| <i>fluvastatin oral capsule 40 mg</i>                            | Tier 0      | QL (60 EA per 30 days)     |
| <i>fluvastatin oral tablet extended release 24 hr</i>            | Tier 0      | QL (30 EA per 30 days)     |
| <i>lovastatin oral tablet 10 mg</i>                              | Tier 0      | QL (30 EA per 30 days)     |
| <i>lovastatin oral tablet 20 mg, 40 mg</i>                       | Tier 0      | QL (60 EA per 30 days)     |
| <i>pravastatin</i>   | Tier 0      | QL (30 EA per 30 days)     |
| <i>rosuvastatin oral tablet 10 mg, 5 mg</i>                      | Tier 0      | QL (30 EA per 30 days)     |
| <i>rosuvastatin oral tablet 20 mg, 40 mg</i>                     | Tier 1      | QL (30 EA per 30 days)     |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>         | Tier 0      | QL (30 EA per 30 days)     |
| <i>simvastatin oral tablet 80 mg</i>                             | Tier 1      | QL (30 EA per 30 days)     |

| Drug Name   | Tier   | Restrictions/Limits        |
|---|--------|----------------------------|
| <b>HYPOTENSIVE AGENTS, MISCELLANEOUS</b>                          |        |                            |
| <i>amlodipine</i>   | Tier 1 |                            |
| <i>amlodipine-benazepril</i>                                      | Tier 1 |                            |
| <i>amlodipine-olmesartan</i>                                      | Tier 1 |                            |
| <i>amlodipine-valsartan</i>                                       | Tier 1 |                            |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>                     | Tier 1 | QL (30 EA per 30 days)     |
| <i>doxazosin oral tablet 8 mg</i>                                 | Tier 1 | QL (60 EA per 30 days)     |
| <i>felodipine</i>   | Tier 1 |                            |
| <i>nifedipine</i>   | Tier 1 |                            |
| <i>phenoxybenzamine</i>   | Tier 1 |                            |
| <i>propranolol oral</i>   | Tier 1 |                            |
| SOTALOL AF  | Tier 1 |                            |
| <i>sotalol oral</i>   | Tier 1 |                            |
| <i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>                    | Tier 1 | QL (30 EA per 30 days)     |
| <i>terazosin oral capsule 10 mg</i>                               | Tier 1 | QL (60 EA per 30 days)     |
| <i>timolol maleate oral</i>                                       | Tier 1 |                            |
| <b>MINERALOCORTICOID (ALDOSTERONE) ANTAGNISTS</b>                 |        |                            |
| <i>eplerenone</i>   | Tier 1 |                            |
| <i>spironolacton-hydrochlorothiaz</i>                             | Tier 1 |                            |
| <b>MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT)</b>                   |        |                            |
| <i>eplerenone</i>   | Tier 1 |                            |
| <i>spironolactone oral tablet</i>                                 | Tier 1 |                            |
| <i>spironolacton-hydrochlorothiaz</i>                             | Tier 1 |                            |
| <b>NITRATES AND NITRITES</b>                                      |        |                            |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | Tier 1 |                            |
| <i>isosorbide mononitrate</i>                                     | Tier 1 |                            |
| NITRO-DUR   | Tier 2 |                            |
| <i>nitroglycerin sublingual</i>                                   | Tier 1 |                            |
| <i>nitroglycerin transdermal</i>                                  | Tier 1 |                            |
| <i>nitroglycerin translingual</i>                                 | Tier 1 |                            |
| NITRO-TIME  | Tier 1 |                            |
| <b>PCSK9 INHIBITORS</b>   |        |                            |
| REPATHA PUSHTRONEX  | Tier 2 | PA; QL (1 ML per 28 days)  |
| <b>PHOSPHODIESTERASE TYPE 5 INHIBITORS</b>                        |        |                            |
| ADCIRCA   | Tier 4 | PA; QL (2 EA per 1 day)    |
| <i>sildenafil (pulm.hypertension) oral tablet</i>                 | Tier 4 | PA; QL (90 EA per 30 days) |

| Drug Name  | Tier   | Restrictions/Limits        |
|--|--------|----------------------------|
| <b>POTASSIUM-SPARING DIURETICS (HYPOTEN)</b>   |        |                            |
| <i>amiloride</i>   | Tier 1 |                            |
| <i>amiloride-hydrochlorothiazide</i>   | Tier 1 |                            |
| <i>eplerenone</i>  | Tier 1 |                            |
| <i>spironolacton-hydrochlorothiaz</i>  | Tier 1 |                            |
| <i>triamterene-hydrochlorothiazid oral capsule</i>   | Tier 1 |                            |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>                                 | Tier 1 | QL (1 EA per 1 day)        |
| <i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>                                   | Tier 1 |                            |
| <b>VASODILATING AGENTS, MISCELLANEOUS</b>  |        |                            |
| ADEMPAS  | Tier 4 | PA; QL (3 EA per 1 day)    |
| <i>ambrisentan</i>   | Tier 4 | PA; QL (30 EA per 30 days) |
| <i>amlodipine</i>  | Tier 1 |                            |
| <i>amlodipine-benazepril</i>   | Tier 1 |                            |
| <i>amlodipine-olmesartan</i>   | Tier 1 |                            |
| <i>amlodipine-valsartan</i>  | Tier 1 |                            |
| <i>bosentan</i>  | Tier 4 | PA; QL (2 EA per 1 day)    |
| <i>felodipine</i>  | Tier 1 |                            |
| <i>nifedipine</i>  | Tier 1 |                            |
| ORENITRAM  | Tier 4 | PA                         |
| <i>telmisartan-amlodipine</i>  | Tier 1 |                            |
| <b>CENTRAL NERVOUS SYSTEM AGENTS</b>   |        |                            |
| <b>ADAMANTANES (CNS)</b>   |        |                            |
| <i>amantadine hcl</i>  | Tier 1 |                            |
| <b>AMPHETAMINES</b>  |        |                            |
| <i>amphetamine sulfate</i>   | Tier 1 |                            |
| <i>dextroamphetamine sulfate oral capsule, extended release</i>                              | Tier 1 | QL (2 EA per 1 day)        |
| <i>dextroamphetamine sulfate oral solution</i>   | Tier 1 |                            |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i>   | Tier 1 | QL (4 EA per 1 day)        |
| <i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>                             | Tier 1 |                            |
| <i>dextroamphetamine sulfate oral tablet 5 mg</i>  | Tier 1 | QL (1 EA per 1 day)        |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>  | Tier 1 | QL (1 EA per 1 day)        |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> | Tier 1 | QL (2 EA per 1 day)        |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b>  |
|--|-------------|-----------------------------|
| <i>dextroamphetamine-amphetamine oral tablet</i>                                       | Tier 1      | QL (3 EA per 1 day)         |
| <i>methamphetamine</i>   | Tier 1      |                             |
| ZENZEDI ORAL TABLET 2.5 MG   | Tier 2      | QL (1 EA per 1 day)         |
| <b>ANALGESICS AND ANTIPYRETICS, MISC.</b>  |             |                             |
| <i>acetaminophen-codeine oral solution</i>   | Tier 1      | PA; QL (125 ML per 1 day)   |
| <i>acetaminophen-codeine oral tablet</i>   | Tier 1      | PA; QL (10 EA per 1 day)    |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>                      | Tier 1      | PA                          |
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>                         | Tier 1      | QL (48 EA per 30 days)      |
| <i>butalbital-acetaminophen-caff oral tablet</i>                                       | Tier 1      | QL (48 EA per 30 days)      |
| ENDOCET  | Tier 1      | PA; QL (10 EA per 1 day)    |
| <i>gabapentin oral capsule 100 mg, 400 mg</i>  | Tier 1      | QL (6 EA per 1 day)         |
| <i>gabapentin oral capsule 300 mg</i>  | Tier 1      | QL (12 EA per 1 day)        |
| <i>gabapentin oral solution</i>  | Tier 1      | QL (72 ML per 1 day)        |
| <i>gabapentin oral tablet 600 mg</i>   | Tier 1      | QL (6 EA per 1 day)         |
| <i>gabapentin oral tablet 800 mg</i>   | Tier 1      | QL (4 EA per 1 day)         |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>           | Tier 1      | PA; QL (10 EA per 1 day)    |
| <i>oxycodone-acetaminophen oral solution</i>   | Tier 1      | PA                          |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | Tier 1      | PA; QL (10 EA per 1 day)    |
| <i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>                                  | Tier 1      |                             |
| <i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>                                  | Tier 1      | PA                          |
| <i>tramadol-acetaminophen</i>  | Tier 1      | PA; QL (240 EA per 30 days) |
| <b>ANTICHOLINERGIC AGENTS (CNS)</b>  |             |                             |
| <i>benztropine oral</i>  | Tier 1      |                             |
| <i>trihexyphenidyl</i>   | Tier 1      |                             |
| <b>ANTICONVULSANTS, MISCELLANEOUS</b>  |             |                             |
| <i>carbamazepine</i>   | Tier 1      |                             |
| EPITOL   | Tier 1      |                             |
| <i>felbamate</i>   | Tier 1      |                             |
| FYCOMPA  | Tier 2      | ST                          |
| <i>lamotrigine oral tablet</i>   | Tier 1      |                             |
| <i>lamotrigine oral tablet extended release 24hr</i>                                   | Tier 1      |                             |
| <i>lamotrigine oral tablet, chewable dispersible</i>                                   | Tier 1      |                             |
| <i>levetiracetam oral</i>  | Tier 1      |                             |
| ROWEEPRA   | Tier 1      |                             |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| ROWEEPRA XR   | Tier 1      |                            |
| <i>topiramate oral capsule, sprinkle</i>                                    | Tier 1      |                            |
| <i>topiramate oral tablet</i>   | Tier 1      |                            |
| <i>valproic acid</i>  | Tier 1      |                            |
| <i>valproic acid (as sodium salt)</i>                                       | Tier 1      |                            |
| <b>ANTIDEPRESSANTS, MISCELLANEOUS</b>                                       |             |                            |
| <i>bupropion hcl (smoking deter)</i>  | Tier 0      |                            |
| <i>bupropion hcl oral tablet</i>  | Tier 1      |                            |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>      | Tier 1      | QL (30 EA per 30 days)     |
| <i>bupropion hcl oral tablet sustained-release 12 hr</i>                    | Tier 1      | QL (60 EA per 30 days)     |
| <i>mirtazapine</i>  | Tier 1      |                            |
| <b>ANTIMANIC AGENTS</b>   |             |                            |
| ABILIFY MAINTENA  | Tier 2      |                            |
| <i>aripiprazole oral tablet</i>   | Tier 1      | QL (30 EA per 30 days)     |
| ARISTADA INITIO   | Tier 2      | QL (3 ML per 180 days)     |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING 1,064<br>MG/3.9 ML | Tier 2      | QL (4 ML per 60 days)      |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING 441<br>MG/1.6 ML   | Tier 2      | QL (2 ML per 30 days)      |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING 662<br>MG/2.4 ML   | Tier 2      | QL (3 ML per 30 days)      |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING 882<br>MG/3.2 ML   | Tier 2      | QL (3.2 ML per 30 days)    |
| <i>carbamazepine</i>  | Tier 1      |                            |
| <i>divalproex</i>   | Tier 1      |                            |
| EPITOL  | Tier 1      |                            |
| <i>lamotrigine oral tablet</i>  | Tier 1      |                            |
| <i>lamotrigine oral tablet, chewable dispersible</i>                        | Tier 1      |                            |
| <i>lithium carbonate</i>  | Tier 1      |                            |
| <i>olanzapine oral tablet</i>   | Tier 1      | QL (30 EA per 30 days)     |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                  | Tier 1      | QL (90 EA per 30 days)     |
| <i>quetiapine oral tablet 300 mg, 400 mg</i>                                | Tier 1      | QL (60 EA per 30 days)     |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>         | Tier 1      | QL (30 EA per 30 days)     |
| <i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>  | Tier 1      | QL (60 EA per 30 days)     |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b>  |
|---|-------------|-----------------------------|
| RISPERDAL CONSTA  | Tier 2      |                             |
| <i>risperidone oral solution</i>                                  | Tier 1      |                             |
| <i>risperidone oral tablet</i>                                    | Tier 1      | QL (60 EA per 30 days)      |
| SECUADO   | Tier 2      | PA; QL (30 EA per 30 days)  |
| <i>valproic acid</i>  | Tier 1      |                             |
| <i>valproic acid (as sodium salt)</i>                             | Tier 1      |                             |
| <i>ziprasidone hcl</i>  | Tier 1      | QL (60 EA per 30 days)      |
| <b>ANTIMIGRAINE AGENTS, MISCELLANEOUS</b>                         |             |                             |
| ADULT ASPIRIN REGIMEN   | Tier 0      |                             |
| ASPIRIN CHILDRENS   | Tier 0      |                             |
| <i>aspirin oral tablet</i>  | Tier 0      |                             |
| <i>aspirin oral tablet, chewable</i>                              | Tier 0      |                             |
| <i>aspirin oral tablet, delayed release (drlec) 325 mg, 81 mg</i> | Tier 0      |                             |
| <i>aspirin, buffd-calcium carb-mag</i>                            | Tier 0      |                             |
| BAYER ASPIRIN   | Tier 0      |                             |
| BAYER LOW DOSE ASPIRIN  | Tier 0      |                             |
| BUFFERIN  | Tier 0      |                             |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i> | Tier 1      | PA                          |
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>    | Tier 1      | QL (48 EA per 30 days)      |
| <i>butalbital-acetaminophen-caff oral tablet</i>                  | Tier 1      | QL (48 EA per 30 days)      |
| <i>butalbital-aspirin-caffeine oral capsule</i>                   | Tier 1      | QL (48 EA per 30 days)      |
| CHILDREN'S ASPIRIN  | Tier 0      |                             |
| <i>dihydroergotamine nasal</i>                                    | Tier 1      | ST; QL (8 ML per 30 days)   |
| <i>divalproex</i>   | Tier 1      |                             |
| ECOTRIN   | Tier 0      |                             |
| ECOTRIN LOW STRENGTH  | Tier 0      |                             |
| <i>ergotamine-caffeine</i>  | Tier 1      |                             |
| <i>propranolol oral</i>   | Tier 1      |                             |
| ST JOSEPH ASPIRIN   | Tier 0      |                             |
| ST. JOSEPH ASPIRIN  | Tier 0      |                             |
| <i>timolol maleate oral</i>                                       | Tier 1      |                             |
| <i>tramadol-acetaminophen</i>                                     | Tier 1      | PA; QL (240 EA per 30 days) |
| TRI-BUFFERED ASPIRIN  | Tier 0      |                             |
| <i>valproic acid</i>  | Tier 1      |                             |
| <i>valproic acid (as sodium salt)</i>                             | Tier 1      |                             |

| Drug Name  | Tier   | Restrictions/Limits        |
|--|--------|----------------------------|
| <b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC</b>                             |        |                            |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>                                | Tier 1 |                            |
| <i>hydroxyzine hcl oral tablet</i>   | Tier 1 |                            |
| <i>hydroxyzine pamoate</i>   | Tier 1 |                            |
| <i>promethazine oral</i>   | Tier 1 |                            |
| <i>promethazine rectal</i>   | Tier 1 |                            |
| PROMETHEGAN  | Tier 1 |                            |
| <b>ATYPICAL ANTIPSYCHOTICS</b>   |        |                            |
| ABILIFY MAINTENA   | Tier 2 |                            |
| <i>aripiprazole oral tablet</i>  | Tier 1 | QL (30 EA per 30 days)     |
| ARISTADA INITIO  | Tier 2 | QL (3 ML per 180 days)     |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML         | Tier 2 | QL (4 ML per 60 days)      |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML           | Tier 2 | QL (2 ML per 30 days)      |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML           | Tier 2 | QL (3 ML per 30 days)      |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML           | Tier 2 | QL (3.2 ML per 30 days)    |
| <i>clozapine oral tablet</i>   | Tier 1 |                            |
| FANAPT ORAL TABLET   | Tier 3 | PA; QL (60 EA per 30 days) |
| INVEGA SUSTENNA  | Tier 2 |                            |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML                             | Tier 2 | QL (1 ML per 90 days)      |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML, 546 MG/1.75 ML             | Tier 2 | QL (2 ML per 90 days)      |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML                             | Tier 2 | QL (3 ML per 90 days)      |
| <i>lurasidone</i>  | Tier 1 | QL (1 EA per 1 day)        |
| <i>olanzapine oral tablet</i>  | Tier 1 | QL (30 EA per 30 days)     |
| <i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i> | Tier 1 | ST                         |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>       | Tier 1 | QL (30 EA per 30 days)     |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i>                     | Tier 1 | QL (60 EA per 30 days)     |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                     | Tier 1 | QL (90 EA per 30 days)     |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| <i>quetiapine oral tablet 300 mg, 400 mg</i>                               | Tier 1      | QL (60 EA per 30 days)     |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>        | Tier 1      | QL (30 EA per 30 days)     |
| <i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i> | Tier 1      | QL (60 EA per 30 days)     |
| RISPERDAL CONSTA   | Tier 2      |                            |
| <i>risperidone oral solution</i>   | Tier 1      |                            |
| <i>risperidone oral tablet</i>   | Tier 1      | QL (60 EA per 30 days)     |
| SECUADO  | Tier 2      | PA; QL (30 EA per 30 days) |
| <i>ziprasidone hcl</i>   | Tier 1      | QL (60 EA per 30 days)     |
| <b>BARBITURATES (ANTICONVULSANTS)</b>                                      |             |                            |
| <i>phenobarbital</i>   | Tier 1      |                            |
| <i>primidone oral tablet 250 mg, 50 mg</i>                                 | Tier 1      |                            |
| <b>BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)</b>                             |             |                            |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>          | Tier 1      | PA                         |
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>             | Tier 1      | QL (48 EA per 30 days)     |
| <i>butalbital-acetaminophen-caff oral tablet</i>                           | Tier 1      | QL (48 EA per 30 days)     |
| <i>butalbital-aspirin-caffeine oral capsule</i>                            | Tier 1      | QL (48 EA per 30 days)     |
| <i>phenobarbital</i>   | Tier 1      |                            |
| <b>BENZODIAZEPINES (ANTICONVULSANTS)</b>                                   |             |                            |
| <i>clobazam</i>  | Tier 1      | PA                         |
| <i>clonazepam oral tablet</i>  | Tier 1      | QL (4 EA per 1 day)        |
| <i>clorazepate dipotassium</i>   | Tier 1      | QL (4 EA per 1 day)        |
| <i>diazepam oral tablet</i>  | Tier 1      | QL (4 EA per 1 day)        |
| <i>diazepam rectal</i>   | Tier 1      |                            |
| <i>lorazepam oral tablet</i>   | Tier 1      | QL (3 EA per 1 day)        |
| NAYZILAM   | Tier 2      | PA; QL (2 EA per 30 days)  |
| VALTOCO  | Tier 2      | PA; QL (2 EA per 30 days)  |
| <b>BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)</b>                           |             |                            |
| <i>alprazolam oral tablet</i>  | Tier 1      | QL (4 EA per 1 day)        |
| <i>amitriptyline-chlordiazepoxide</i>                                      | Tier 1      |                            |
| <i>chlordiazepoxide hcl</i>  | Tier 1      | QL (4 EA per 1 day)        |
| <i>chlordiazepoxide-clidinium</i>  | Tier 1      |                            |
| <i>clobazam</i>  | Tier 1      | PA                         |
| <i>clonazepam oral tablet</i>  | Tier 1      | QL (4 EA per 1 day)        |
| <i>clorazepate dipotassium</i>   | Tier 1      | QL (4 EA per 1 day)        |



| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| <i>diazepam oral tablet</i>                                 | Tier 1      | QL (4 EA per 1 day)        |
| <i>diazepam rectal</i>                                      | Tier 1      |                            |
| <i>estazolam</i>  | Tier 1      | QL (15 EA per 30 days)     |
| <i>flurazepam</i>   | Tier 1      | QL (15 EA per 30 Days)     |
| <i>lorazepam oral tablet</i>                                | Tier 1      | QL (3 EA per 1 day)        |
| <i>midazolam (pf) injection solution</i>                    | Tier 1      |                            |
| <i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)</i> | Tier 1      |                            |
| <i>midazolam injection</i>                                  | Tier 1      |                            |
| <i>midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)</i> | Tier 2      |                            |
| NAYZILAM  | Tier 2      | PA; QL (2 EA per 30 days)  |
| <i>oxazepam</i>   | Tier 1      | QL (4 EA per 1 day)        |
| <i>quazepam</i>   | Tier 1      | QL (15 EA per 30 days)     |
| <i>temazepam oral capsule 15 mg, 30 mg</i>                  | Tier 1      | QL (15 EA per 30 days)     |
| <i>triazolam</i>  | Tier 1      | QL (15 EA per 30 days)     |
| VALTOCO   | Tier 2      | PA; QL (2 EA per 30 days)  |
| <b>BUTYROPHENONES</b>                                       |             |                            |
| <i>haloperidol</i>  | Tier 1      |                            |
| <i>haloperidol lactate oral</i>                             | Tier 1      |                            |
| <b>CALCITONIN GENE-RELATED PEPTIDE ANTAG.</b>               |             |                            |
| AIMOVIG AUTOINJECTOR  | Tier 2      | PA; QL (1 ML per 28 days)  |
| EMGALITY PEN  | Tier 2      | PA; QL (1 ML per 28 days)  |
| EMGALITY SYRINGE  | Tier 2      | PA; QL (1 ML per 28 days)  |
| <b>CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.</b>             |             |                            |
| <i>carbidopa-levodopa-entacapone</i>                        | Tier 1      |                            |
| <i>entacapone</i>   | Tier 1      |                            |
| <i>tolcapone</i>  | Tier 1      | PA                         |
| <b>CENTRAL NERVOUS SYSTEM AGENTS, MISC.</b>                 |             |                            |
| <i>carbidopa</i>  | Tier 1      | PA                         |
| <i>memantine oral solution</i>                              | Tier 1      |                            |
| <i>memantine oral tablet</i>                                | Tier 1      |                            |
| <i>memantine oral tablets,dose pack</i>                     | Tier 2      |                            |
| <b>CYCLOOXYGENASE-2 (COX-2) INHIBITORS</b>                  |             |                            |
| <i>celecoxib</i>  | Tier 1      | ST                         |
| <b>DOPAMINE PRECURSORS</b>                                  |             |                            |
| <i>carbidopa-levodopa oral tablet</i>                       | Tier 1      |                            |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| <i>carbidopa-levodopa oral tablet extended release</i>                     | Tier 1      |                            |
| <i>carbidopa-levodopa-entacapone</i>                                       | Tier 1      |                            |
| <b>ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS</b>                             |             |                            |
| <i>bromocriptine</i>   | Tier 1      |                            |
| <i>cabergoline</i>   | Tier 1      | QL (8 EA per 30 days)      |
| <b>FIBROMYALGIA AGENTS</b>   |             |                            |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>        | Tier 1      | QL (60 EA per 30 days)     |
| <i>duloxetine oral capsule, delayed release(dr/ec) 30 mg, 40 mg</i>        | Tier 1      | QL (30 EA per 30 days)     |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> | Tier 1      | PA; QL (3 EA per 1 day)    |
| <i>pregabalin oral capsule 225 mg, 300 mg</i>                              | Tier 1      | PA; QL (2 EA per 1 day)    |
| <i>pregabalin oral solution</i>  | Tier 1      | PA; QL (30 ML per 1 day)   |
| SAVELLA ORAL TABLET  | Tier 2      | ST; QL (60 EA per 30 days) |
| <b>HYDANTOINS</b>  |             |                            |
| DILANTIN   | Tier 2      |                            |
| <i>phenytoin</i>   | Tier 1      |                            |
| <i>phenytoin sodium extended</i>   | Tier 1      |                            |
| <b>INHALATION ANESTHETICS</b>  |             |                            |
| <i>desflurane</i>  | Tier 1      |                            |
| FORANE   | Tier 1      |                            |
| <i>isoflurane</i>  | Tier 1      |                            |
| <i>sevoflurane</i>   | Tier 1      |                            |
| TERRELL  | Tier 1      |                            |
| <b>ION CHANNEL INHIBITION AGENTS</b>                                       |             |                            |
| APTIOM   | Tier 3      |                            |
| <b>MONOAMINE OXIDASE B INHIBITORS</b>                                      |             |                            |
| EMSAM  | Tier 2      |                            |
| <i>rasagiline</i>  | Tier 1      |                            |
| <i>selegiline hcl</i>  | Tier 1      |                            |
| <b>MONOAMINE OXIDASE INHIBITORS</b>  |             |                            |
| EMSAM  | Tier 2      |                            |
| <i>phenelzine</i>  | Tier 1      |                            |
| <i>rasagiline</i>  | Tier 1      |                            |
| <i>selegiline hcl</i>  | Tier 1      |                            |
| <i>tranylcypromine</i>   | Tier 1      |                            |

| Drug Name  | Tier   | Restrictions/Limits        |
|--|--------|----------------------------|
| <b>NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST</b>  |        |                            |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR  | Tier 2 | ST                         |
| <i>pramipexole oral tablet</i>   | Tier 1 |                            |
| <i>ropinirole oral tablet</i>  | Tier 1 |                            |
| <i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 8 mg</i>                            | Tier 1 | ST                         |
| <b>OPIATE AGONISTS</b>   |        |                            |
| <i>acetaminophen-codeine oral solution</i>   | Tier 1 | PA; QL (125 ML per 1 day)  |
| <i>acetaminophen-codeine oral tablet</i>   | Tier 1 | PA; QL (10 EA per 1 day)   |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>                                | Tier 1 | PA                         |
| <i>codeine sulfate</i>   | Tier 1 | PA                         |
| ENDOCET  | Tier 1 | PA; QL (10 EA per 1 day)   |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | Tier 1 | PA; QL (15 EA per 30 days) |
| G TUSSIN AC  | Tier 1 |                            |
| GUAIFENESIN AC   | Tier 1 |                            |
| GUAIFENESIN DAC  | Tier 1 |                            |
| <i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>                                   | Tier 1 | PA; QL (90 EA per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>                     | Tier 1 | PA; QL (10 EA per 1 day)   |
| <i>hydrocodone-chlorpheniramine</i>  | Tier 1 |                            |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>                                     | Tier 1 | PA                         |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>  | Tier 1 | PA; QL (5 EA per 1 day)    |
| HYDROMET   | Tier 1 | QL (4 ML per 1 day)        |
| <i>hydromorphone oral liquid</i>   | Tier 1 | PA; QL (6 ML per 1 day)    |
| <i>hydromorphone oral tablet</i>   | Tier 1 | PA; QL (6 EA per 1 day)    |
| <i>hydromorphone oral tablet extended release 24 hr</i>  | Tier 1 | QL (60 EA per 30 days)     |
| <i>levorphanol tartrate</i>  | Tier 1 | PA                         |
| MAXI-TUSS AC   | Tier 1 |                            |
| METHADONE INTENSOL   | Tier 1 | PA                         |
| <i>methadone oral concentrate</i>  | Tier 1 | PA                         |
| <i>methadone oral solution 10 mg/5 ml</i>  | Tier 1 | PA; QL (8.67 ML per 1 day) |
| <i>methadone oral solution 5 mg/5 ml</i>   | Tier 1 | PA; QL (20 ML per 1 day)   |
| <i>methadone oral tablet 10 mg</i>   | Tier 1 | PA; QL (2 EA per 1 day)    |
| <i>methadone oral tablet 5 mg</i>  | Tier 1 | PA; QL (4 EA per 1 day)    |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b>  |
|--|-------------|-----------------------------|
| <i>morphine concentrate oral solution</i>  | Tier 1      | PA; QL (6 ML per 1 day)     |
| <i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 50 mg, 80 mg</i> | Tier 1      | PA; QL (90 EA per 30 days)  |
| <i>morphine oral solution</i>  | Tier 1      | PA; QL (30 ML per 1 day)    |
| <i>morphine oral tablet</i>  | Tier 1      | PA; QL (6 EA per 1 day)     |
| <i>morphine oral tablet extended release</i>   | Tier 1      | PA; QL (120 EA per 30 days) |
| <i>morphine rectal</i>   | Tier 1      | PA; QL (6 EA per 1 day)     |
| <i>oxycodone oral capsule</i>  | Tier 1      | PA; QL (6 EA per 1 day)     |
| <i>oxycodone oral concentrate</i>  | Tier 1      | PA; QL (6 ML per 1 day)     |
| <i>oxycodone oral solution</i>   | Tier 1      | PA; QL (30 ML per 1 day)    |
| <i>oxycodone oral tablet</i>   | Tier 1      | PA; QL (6 EA per 1 day)     |
| <i>oxycodone oral tablet, oral only, ext. rel. 12 hr</i>                                 | Tier 2      | PA; QL (90 EA per 30 days)  |
| <i>oxycodone-acetaminophen oral solution</i>   | Tier 1      | PA                          |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>   | Tier 1      | PA; QL (10 EA per 1 day)    |
| <i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>                                    | Tier 1      |                             |
| <i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>                                    | Tier 1      | PA                          |
| <i>oxymorphone oral tablet</i>   | Tier 1      | PA                          |
| <i>oxymorphone oral tablet extended release 12 hr</i>                                    | Tier 1      | PA; QL (90 EA per 30 days)  |
| <i>promethazine-codeine</i>  | Tier 1      |                             |
| RYDEX  | Tier 1      |                             |
| <i>tramadol oral tablet 50 mg</i>  | Tier 1      | PA; QL (240 EA per 30 days) |
| <i>tramadol oral tablet extended release 24 hr</i>                                       | Tier 1      | PA; QL (30 EA per 30 days)  |
| <i>tramadol oral tablet, er multiphase 24 hr</i>   | Tier 1      | PA; QL (30 EA per 30 days)  |
| <i>tramadol-acetaminophen</i>  | Tier 1      | PA; QL (240 EA per 30 days) |
| VIRTUSSIN AC   | Tier 1      |                             |
| <b>OPIATE PARTIAL AGONISTS</b>   |             |                             |
| <i>buprenorphine</i>   | Tier 1      | ST                          |
| <i>buprenorphine hcl sublingual</i>  | Tier 1      |                             |
| <i>buprenorphine-naloxone sublingual tablet</i>  | Tier 1      |                             |
| <b>OPIOID ANTAGONIST</b>   |             |                             |
| <i>nalmefene</i>   | Tier 2      | QL (2 Units per 1 Month)    |
| <i>naloxone injection solution</i>   | Tier 1      | QL (2 ML per 30 days)       |
| <i>naloxone injection syringe 1 mg/ml</i>  | Tier 1      |                             |
| <i>naloxone nasal</i>  | Tier 0      |                             |
| NARCAN   | Tier 2      |                             |
| OPVEE  | Tier 2      | QL (2 EA per 30 Days)       |
| VIVITROL   | Tier 4      | QL (1 EA per 30 days)       |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| <b>OREXIN RECEPTOR ANTAGONISTS</b>                                      |             |                            |
| BELSOMRA  | Tier 3      | PA; QL (1 EA per 1 day)    |
| <b>OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS</b>                           |             |                            |
| <i>diclofenac sodium topical gel 1 %</i>                                | Tier 1      | QL (500 GM per 30 days)    |
| <i>diclofenac-misoprostol</i>   | Tier 1      |                            |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>            | Tier 1      | PA                         |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>                     | Tier 1      | PA; QL (5 EA per 1 day)    |
| <i>ibuprofen-famotidine</i>   | Tier 1      | PA                         |
| <i>naproxen-esomeprazole</i>  | Tier 1      | ST                         |
| <b>PHENOTHIAZINES</b>   |             |                            |
| <i>chlorpromazine oral</i>  | Tier 1      |                            |
| <i>fluphenazine decanoate</i>   | Tier 1      |                            |
| <i>fluphenazine hcl</i>   | Tier 1      |                            |
| <i>perphenazine</i>   | Tier 1      |                            |
| <i>perphenazine-amitriptyline</i>                                       | Tier 1      |                            |
| <i>prochlorperazine maleate</i>   | Tier 1      |                            |
| <i>thioridazine</i>   | Tier 1      |                            |
| <i>trifluoperazine</i>  | Tier 1      |                            |
| <b>RESPIRATORY AND CNS STIMULANTS</b>                                   |             |                            |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>       | Tier 1      | PA                         |
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>          | Tier 1      | QL (48 EA per 30 days)     |
| <i>butalbital-acetaminophen-caff oral tablet</i>                        | Tier 1      | QL (48 EA per 30 days)     |
| <i>butalbital-aspirin-caffeine oral capsule</i>                         | Tier 1      | QL (48 EA per 30 days)     |
| <i>dexmethylphenidate oral capsule, er biphasic 50-50</i>               | Tier 1      | QL (1 EA per 1 day)        |
| <i>dexmethylphenidate oral tablet 10 mg</i>                             | Tier 1      | QL (4 EA per 1 day)        |
| <i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>                      | Tier 1      | QL (2 EA per 1 day)        |
| METADATE ER   | Tier 1      | QL (3 EA per 1 day)        |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70</i>              | Tier 1      | QL (1 EA per 1 day)        |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 60 mg</i> | Tier 1      |                            |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg, 40 mg</i> | Tier 1      | QL (1 EA per 1 day)        |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i>        | Tier 1      | QL (2 EA per 1 day)        |
| <i>methylphenidate hcl oral solution 10 mg/5 ml</i>                     | Tier 1      | QL (30 ML per 1 day)       |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| <i>methylphenidate hcl oral solution 5 mg/5 ml</i>                        | Tier 1      | QL (60 ML per 1 day)       |
| <i>methylphenidate hcl oral tablet</i>                                    | Tier 1      | QL (3 EA per 1 day)        |
| <i>methylphenidate hcl oral tablet extended release</i>                   | Tier 1      | QL (3 EA per 1 day)        |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg</i> | Tier 1      | QL (1 EA per 1 day)        |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 54 mg</i> | Tier 1      | QL (2 EA per 1 day)        |
| <i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>        | Tier 2      | ST; QL (1 EA per 1 day)    |
| <i>methylphenidate hcl oral tablet, chewable</i>                          | Tier 1      | QL (3 EA per 1 day)        |
| RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG            | Tier 2      | ST; QL (1 EA per 1 day)    |
| <b>SALICYLATES</b>  |             |                            |
| ADULT ASPIRIN REGIMEN   | Tier 0      |                            |
| ASPIRIN CHILDRENS   | Tier 0      |                            |
| <i>aspirin oral tablet</i>  | Tier 0      |                            |
| <i>aspirin oral tablet, chewable</i>                                      | Tier 0      |                            |
| <i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>         | Tier 0      |                            |
| <i>aspirin, buffd-calcium carb-mag</i>                                    | Tier 0      |                            |
| <i>aspirin-dipyridamole</i>   | Tier 1      | ST                         |
| BAYER ASPIRIN   | Tier 0      |                            |
| BAYER LOW DOSE ASPIRIN  | Tier 0      |                            |
| BUFFERIN  | Tier 0      |                            |
| <i>butalbital-aspirin-caffeine oral capsule</i>                           | Tier 1      | QL (48 EA per 30 days)     |
| CHILDREN'S ASPIRIN  | Tier 0      |                            |
| ECOTRIN   | Tier 0      |                            |
| ECOTRIN LOW STRENGTH  | Tier 0      |                            |
| ST JOSEPH ASPIRIN   | Tier 0      |                            |
| ST. JOSEPH ASPIRIN  | Tier 0      |                            |
| TRI-BUFFERED ASPIRIN  | Tier 0      |                            |
| <b>SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR</b>                            |             |                            |
| <i>desvenlafaxine</i>   | Tier 2      | ST; QL (30 EA per 30 days) |
| <i>desvenlafaxine succinate</i>   | Tier 1      | QL (30 EA per 30 days)     |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>       | Tier 1      | QL (60 EA per 30 days)     |
| <i>duloxetine oral capsule, delayed release(dr/ec) 30 mg, 40 mg</i>       | Tier 1      | QL (30 EA per 30 days)     |
| SAVELLA ORAL TABLET   | Tier 2      | ST; QL (60 EA per 30 days) |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| <i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>          | Tier 1      | QL (30 EA per 30 days)     |
| <i>venlafaxine oral capsule,extended release 24hr 75 mg</i>                    | Tier 1      | QL (90 EA per 30 days)     |
| <i>venlafaxine oral tablet</i>   | Tier 1      | QL (90 EA per 30 days)     |
| <b>SELECTIVE SEROTONIN AGONISTS</b>  |             |                            |
| <i>almotriptan malate oral tablet 12.5 mg</i>                                  | Tier 1      | QL (24 EA per 30 days)     |
| <i>almotriptan malate oral tablet 6.25 mg</i>                                  | Tier 1      | QL (18 EA per 30 days)     |
| <i>eletriptan</i>  | Tier 1      | QL (18 EA per 30 days)     |
| <i>frovatriptan</i>  | Tier 1      | QL (27 EA per 30 days)     |
| <i>naratriptan</i>   | Tier 1      | QL (18 EA per 30 days)     |
| <i>rizatriptan</i>   | Tier 1      | QL (36 EA per 30 days)     |
| <i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>                     | Tier 1      | QL (18 EA per 30 days)     |
| <i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>                      | Tier 1      | QL (36 EA per 30 days)     |
| <i>sumatriptan succinate oral</i>  | Tier 1      | QL (18 EA per 30 days)     |
| <i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>                | Tier 1      | QL (8 ML per 30 days)      |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>             | Tier 1      | QL (8 ML per 30 days)      |
| <i>sumatriptan succinate subcutaneous syringe</i>                              | Tier 1      | QL (8 ML per 30 days)      |
| <i>zolmitriptan oral</i>   | Tier 1      | QL (18 EA per 30 days)     |
| <b>SELECTIVE-SEROTONIN REUPTAKE INHIBITORS</b>                                 |             |                            |
| <i>citalopram oral solution</i>  | Tier 1      |                            |
| <i>citalopram oral tablet</i>  | Tier 1      | QL (30 EA per 30 days)     |
| <i>escitalopram oxalate oral solution</i>                                      | Tier 1      |                            |
| <i>escitalopram oxalate oral tablet</i>  | Tier 1      | QL (30 EA per 30 days)     |
| <i>fluoxetine oral capsule 10 mg</i>   | Tier 1      | QL (30 EA per 30 days)     |
| <i>fluoxetine oral capsule 20 mg</i>   | Tier 1      |                            |
| <i>fluoxetine oral capsule 40 mg</i>   | Tier 1      | QL (60 EA per 30 days)     |
| <i>fluoxetine oral solution</i>  | Tier 1      |                            |
| <i>fluoxetine oral tablet 10 mg</i>  | Tier 1      | ST; QL (30 EA per 30 days) |
| <i>fluoxetine oral tablet 20 mg, 60 mg</i>                                     | Tier 1      | ST                         |
| <i>fluvoxamine oral capsule,extended release 24hr</i>                          | Tier 1      | ST; QL (60 EA per 30 days) |
| <i>fluvoxamine oral tablet 100 mg</i>  | Tier 1      | QL (90 EA per 30 days)     |
| <i>fluvoxamine oral tablet 25 mg</i>   | Tier 1      | QL (30 EA per 30 days)     |
| <i>fluvoxamine oral tablet 50 mg</i>   | Tier 1      | QL (60 EA per 30 days)     |
| <i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i> | Tier 1      | ST                         |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b>  |
|---|-------------|-----------------------------|
| <i>paroxetine hcl oral tablet 10 mg, 40 mg</i>                          | Tier 1      | QL (30 EA per 30 days)      |
| <i>paroxetine hcl oral tablet 20 mg, 30 mg</i>                          | Tier 1      | QL (60 EA per 30 days)      |
| <i>paroxetine hcl oral tablet extended release 24 hr</i>                | Tier 1      | ST; QL (60 EA per 30 days)  |
| <i>sertraline oral concentrate</i>                                      | Tier 1      |                             |
| <i>sertraline oral tablet 100 mg, 50 mg</i>                             | Tier 1      | QL (60 EA per 30 days)      |
| <i>sertraline oral tablet 25 mg</i>                                     | Tier 1      | QL (45 EA per 30 days)      |
| <b>SEROTONIN MODULATORS</b>   |             |                             |
| <i>nefazodone</i>   | Tier 1      | QL (2 EA per 1 day)         |
| <i>trazodone</i>  | Tier 1      |                             |
| <i>vilazodone</i>   | Tier 1      | PA; QL (30 EA per 30 days)  |
| <b>SUCCINIMIDES</b>   |             |                             |
| <i>ethosuximide</i>   | Tier 1      |                             |
| <b>THIOXANTHENES</b>  |             |                             |
| <i>thiothixene</i>  | Tier 1      |                             |
| <b>TRICYCLICS, OTHER NOREPI-RU INHIBITORS</b>                           |             |                             |
| <i>amitriptyline</i>  | Tier 1      |                             |
| <i>amitriptyline-chlordiazepoxide</i>                                   | Tier 1      |                             |
| <i>amoxapine</i>  | Tier 1      |                             |
| <i>clomipramine</i>   | Tier 1      |                             |
| <i>desipramine</i>  | Tier 1      |                             |
| <i>doxepin oral capsule</i>   | Tier 1      |                             |
| <i>doxepin oral concentrate</i>   | Tier 1      |                             |
| <i>doxepin oral tablet</i>  | Tier 1      | ST; QL (15 EA per 30 days)  |
| <i>imipramine hcl</i>   | Tier 1      |                             |
| <i>imipramine pamoate</i>   | Tier 1      |                             |
| <i>nortriptyline</i>  | Tier 1      |                             |
| <i>perphenazine-amitriptyline</i>                                       | Tier 1      |                             |
| <i>protriptyline</i>  | Tier 1      |                             |
| <i>trimipramine</i>   | Tier 1      |                             |
| <b>VESICULAR MONOAMINE TRANSPORT2 INHIBITOR</b>                         |             |                             |
| <i>AUSTEDO ORAL TABLET 12 MG, 9 MG</i>                                  | Tier 4      | PA; QL (120 EA per 30 days) |
| <i>AUSTEDO ORAL TABLET 6 MG</i>   | Tier 4      | PA; QL (60 EA per 30 days)  |
| <i>AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG</i> | Tier 4      | PA                          |
| <i>AUSTEDO XR TITRATION KT(WK1-4)</i>                                   | Tier 4      | PA                          |
| <i>tetrabenazine oral tablet 12.5 mg</i>                                | Tier 4      | PA; QL (120 EA per 30 days) |
| <i>tetrabenazine oral tablet 25 mg</i>                                  | Tier 4      | PA; QL (60 EA per 30 days)  |



| Drug Name                           | Tier   | Restrictions/Limits        |
|-------------------------------------|--------|----------------------------|
| <b>WAKEFULNESS-PROMOTING AGENTS</b> |        |                            |
| <i>armodafinil</i>                  | Tier 1 | PA; QL (30 EA per 30 days) |
| <i>modafinil oral tablet 100 mg</i> | Tier 1 | PA; QL (30 EA per 30 days) |
| <i>modafinil oral tablet 200 mg</i> | Tier 1 | PA; QL (60 EA per 30 days) |
| WAKIX ORAL TABLET 17.8 MG           | Tier 4 | PA; QL (60 EA per 30 days) |
| WAKIX ORAL TABLET 4.45 MG           | Tier 4 | PA; QL (30 EA per 30 days) |
| <b>DEVICES</b>                      |        |                            |
| <b>DEVICES</b>                      |        |                            |
| 2-IN-1 LANCET DEVICE                | Tier 2 | QL (204 EA per 30 days)    |
| ACCU-CHEK FASTCLIX LANCET DRUM      | Tier 2 | QL (204 EA per 30 days)    |
| ACCU-CHEK FASTCLIX LANCING DEV      | Tier 2 |                            |
| ACCU-CHEK MULTICLIX LANCET          | Tier 2 |                            |
| ACCU-CHEK SAFE-T-PRO                | Tier 2 | QL (204 EA per 30 days)    |
| ACCU-CHEK SAFE-T-PRO PLUS           | Tier 2 | QL (204 EA per 30 days)    |
| ACCU-CHEK SOFT DEV LANCETS          | Tier 2 |                            |
| ACCU-CHEK SOFTCLIX LANCETS          | Tier 2 | QL (204 EA per 30 days)    |
| ACTI-LANCE LANCETS                  | Tier 1 | QL (204 EA per 30 days)    |
| ADJUSTABLE LANCING DEVICE           | Tier 2 |                            |
| ADVANCED LANCING DEVICE             | Tier 2 |                            |
| ADVANCED TRAVEL LANCETS             | Tier 2 | QL (204 EA per 30 days)    |
| ADVOCATE LANCET 26 GAUGE, 30 GAUGE  | Tier 2 | QL (204 EA per 30 days)    |
| ADVOCATE LANCING DEVICE             | Tier 2 |                            |
| AEROCHAMBER PLUS FLOW-VU,L MSK      | Tier 2 |                            |
| AEROCHAMBER PLUS FLOW-VU,M MSK      | Tier 2 |                            |
| AEROCHAMBER PLUS FLOW-VU,S MSK      | Tier 2 |                            |
| AEROCHAMBER PLUS Z STAT LG MSK      | Tier 2 |                            |
| AEROCHAMBER PLUS Z STAT MD MSK      | Tier 2 |                            |
| AEROCHAMBER PLUS Z STAT SM MSK      | Tier 2 |                            |
| ALTERNATE SITE LANCET               | Tier 2 | QL (204 EA per 30 days)    |
| ALTERNATE SITE LANCING DEVICE       | Tier 2 |                            |
| AQUA LANCE LANCING DEVICE           | Tier 2 |                            |
| ASSURE LANCE                        | Tier 2 | QL (204 EA per 30 days)    |
| ASSURE LANCE PLUS                   | Tier 2 | QL (204 EA per 30 days)    |
| AUTO-LANCET MINI                    | Tier 2 |                            |
| AUTOLET IMPRESSION LANC DEV         | Tier 2 |                            |
| AUTOLET LANCING DEVICE              | Tier 2 |                            |
| BD ALLERGY SYRINGE                  | Tier 2 | QL (400 EA per 30 days)    |
| BD AUTOSHIELD DUO PEN NEEDLE        | Tier 2 |                            |
| BD BLUNT PLASTIC CANNULA            | Tier 2 | QL (400 EA per 30 days)    |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| BD BULK SYRINGE SLIP TIP  | Tier 2      | QL (400 EA per 30 days)    |
| BD ECCENTRIC TIP SYRINGE  | Tier 2      | QL (400 EA per 30 days)    |
| BD ECLIPSE LUER-LOK NEEDLE  | Tier 2      |                            |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 1 ML 30 GAUGE X 1/2", 3 ML 23 X 1", 3 ML 25 X 5/8"  | Tier 2      | QL (400 EA per 30 days)    |
| BD ECLIPSE NEEDLE 21 GAUGE X 1", 25 GAUGE X 1"  | Tier 2      |                            |
| BD FILTER NEEDLE 5-MICRON NOKO  | Tier 2      |                            |
| BD FILTER NEEDLE-5 MICRON   | Tier 2      |                            |
| BD INSULIN SYRINGE  | Tier 2      | QL (400 EA per 30 days)    |
| BD INSULIN SYRINGE (HALF UNIT)  | Tier 2      | QL (400 EA per 30 days)    |
| BD INSULIN SYRINGE MICRO-FINE   | Tier 2      | QL (400 EA per 30 days)    |
| BD INSULIN SYRINGE U-500  | Tier 2      | QL (400 EA per 30 days)    |
| BD INSULIN SYRINGE ULTRA-FINE   | Tier 2      | QL (400 EA per 30 days)    |
| BD INTEGRA SYRINGE  | Tier 2      | QL (400 EA per 30 days)    |
| BD INTERLINK BLUNT PLASTIC CAN  | Tier 2      | QL (400 EA per 30 days)    |
| BD INTERLINK SYRINGE  | Tier 2      | QL (400 EA per 30 days)    |
| BD INTRADERMAL BEVEL NEEDLES  | Tier 2      |                            |
| BD LO-DOSE MICRO-FINE IV  | Tier 2      | QL (400 EA per 30 days)    |
| BD LUER-LOK BULK SYRINGE  | Tier 2      | QL (400 EA per 30 days)    |
| BD LUER-LOK SYRINGE   | Tier 2      | QL (400 EA per 30 days)    |
| BD LUER-LOK TIP CONTROL SYRING  | Tier 2      | QL (400 EA per 30 days)    |
| BD MICROTAINER LANCET 1.5 X 2 MM  | Tier 2      |                            |
| BD MICROTAINER LANCET 21 GAUGE  | Tier 2      | QL (204 EA per 30 days)    |
| BD NOKOR ADMIX NEEDLE   | Tier 2      |                            |
| BD POSIFLUSH NORMAL SALINE 0.9  | Tier 1      |                            |
| BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2"   | Tier 2      |                            |
| BD PRECISIONGLIDE NON-STERILE   | Tier 2      |                            |
| BD QUINCKE SPINAL NEEDLE  | Tier 2      |                            |
| BD REGULAR BEVEL NEEDLES  | Tier 2      |                            |
| BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8"  | Tier 2      | QL (400 EA per 30 days)    |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64" | Tier 2      | QL (400 EA per 30 days)    |
| BD SAFETYGLIDE NEEDLE   | Tier 2      |                            |
| BD SAFETYGLIDE SHIELDING REG  | Tier 2      | QL (400 EA per 30 days)    |

| Drug Name   | Tier   | Restrictions/Limits     |
|---|--------|-------------------------|
| BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8", 3 ML 23 X 1", 3 ML 25 X 5/8"   | Tier 2 | QL (400 EA per 30 days) |
| BD SAFETYGLIDE TB REG BEVEL   | Tier 2 | QL (400 EA per 30 days) |
| BD SAFETYGLIDE TUBERCULIN   | Tier 2 | QL (400 EA per 30 days) |
| BD SHORT BEVEL NEEDLES  | Tier 2 |                         |
| BD SHORT BEVEL THIN WALL  | Tier 2 |                         |
| BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8", 10 ML, 3 ML   | Tier 2 | QL (400 EA per 30 days) |
| BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1" | Tier 2 |                         |
| BD SYRINGE  | Tier 2 | QL (400 EA per 30 days) |
| BD SYRINGE CATH TIP NONSTERILE  | Tier 2 | QL (400 EA per 30 days) |
| BD SYRINGE CATHETER TIP   | Tier 2 | QL (400 EA per 30 days) |
| BD SYRINGE LUER-LOK NONSTERILE  | Tier 2 | QL (400 EA per 30 days) |
| BD SYRINGE LUER-LOK STERILE   | Tier 2 | QL (400 EA per 30 days) |
| BD SYRINGE SLIP TIP NONSTERILE  | Tier 2 | QL (400 EA per 30 days) |
| BD SYRINGE TIP CAP  | Tier 2 | QL (400 EA per 30 days) |
| BD SYRINGE-DUAL CANNULA   | Tier 2 | QL (400 EA per 30 days) |
| BD TUBERCULIN SLIP-TIP  | Tier 2 | QL (400 EA per 30 days) |
| BD TUBERCULIN SYRINGE   | Tier 2 | QL (400 EA per 30 days) |
| BD ULTRA-FINE MICRO PEN NEEDLE  | Tier 2 |                         |
| BD ULTRA-FINE MINI PEN NEEDLE   | Tier 2 |                         |
| BD ULTRA-FINE ORIG PEN NEEDLE   | Tier 2 | QL (400 EA per 30 days) |
| BD ULTRA-FINE SHORT PEN NEEDLE  | Tier 2 |                         |
| BD VEO INSULIN SYR (HALF UNIT)  | Tier 2 | QL (400 EA per 30 days) |
| BD VEO INSULIN SYRINGE UF   | Tier 2 | QL (400 EA per 30 days) |
| BD VERITOR AT-HOME COVID19 TST  | Tier 0 | QL (8 EA per 30 days)   |
| BINAXNOW COVD AG CARD HOME TST  | Tier 0 | QL (8 EA per 30 days)   |
| BINAXNOW COVID-19 AG SELF TEST  | Tier 0 | QL (8 EA per 30 days)   |
| BIOLON  | Tier 1 |                         |
| <i>blunt needle, disposable</i>   | Tier 2 |                         |
| BLUNT SPINAL NEEDLE   | Tier 2 |                         |
| BREATHERITE SPACER-MASK, NEO.   | Tier 2 |                         |
| BREATHERITE SPACER-MASK,ADULT   | Tier 2 |                         |
| BREATHERITE SPACER-MASK,CHILD   | Tier 2 |                         |
| BREATHERITE SPACER-MASK,INFANT  | Tier 2 |                         |
| BREATHERITE SPACER-MASK,S.CHLD  | Tier 2 |                         |
| BULLSEYE MINI SAFETY LANCETS  | Tier 2 | QL (204 EA per 30 days) |

| <b>Drug Name</b>                      | <b>Tier</b> | <b>Restrictions/Limits</b>                       |
|---------------------------------------|-------------|--|
| BUTTERFLY TOUCH LANCET                | Tier 2      | QL (204 EA per 30 days)                          |
| CAREONE LANCING DEVICE                | Tier 2      |  |
| CAREONE ULTRA THIN LANCET             | Tier 2      | QL (204 EA per 30 days)                          |
| CAREPOINT LUER LOCK SYR-NEEDLE        | Tier 2      | QL (400 EA per 30 days)                          |
| CARESTART COVID-19 AG HOME TST        | Tier 0      | QL (8 EA per 30 days)                            |
| CARETOUCH LANCING DEVICE              | Tier 2      |  |
| CARETOUCH LUER LOCK SYR-NEEDLE        | Tier 2      | QL (400 EA per 30 days)                          |
| CARETOUCH TWIST LANCET                | Tier 2      | QL (204 EA per 30 days)                          |
| CELLTRION DIATRUST COV-19 HOME        | Tier 0      | QL (8 EA per 30 days)                            |
| CHEMO TRANSFER PIN                    | Tier 2      |  |
| CLEVER CHEK LANCETS                   | Tier 2      | QL (204 EA per 30 days)                          |
| CLEVER CHOICE CHAMBER-LRG MASK        | Tier 2      |  |
| CLEVER CHOICE CHAMBER-MED MASK        | Tier 2      |  |
| CLEVER CHOICE CHAMBER-SM MASK         | Tier 2      |  |
| CLINITEST COVID-19 HOME TEST          | Tier 0      | QL (8 EA per 30 days)                            |
| COAGUCHEK LANCETS                     | Tier 2      | QL (204 EA per 30 days)                          |
| COLOR LANCETS                         | Tier 2      | QL (204 EA per 30 days)                          |
| COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE | Tier 2      | QL (204 EA per 30 days)                          |
| COMPACT SPACE CHAMBER-LRG MASK        | Tier 2      |  |
| COMPACT SPACE CHAMBER-MED MASK        | Tier 2      |  |
| COMPACT SPACE CHAMBER-SM MASK         | Tier 2      |  |
| COVID-19 AT-HOME TEST                 | Tier 0      | QL (8 EA per 30 days)                            |
| CYCLOTENS STARTER                     | Tier 2      |  |
| DAVOL IRRIGATION SYRINGE              | Tier 2      | QL (400 EA per 30 days)                          |
| DAVOL PISTON IRRIGATION               | Tier 2      | QL (400 EA per 30 days)                          |
| DEXCOM G6 RECEIVER                    | Tier 2      | PA; \$0 on Diabetic Plans                        |
| DEXCOM G6 SENSOR                      | Tier 2      | PA; QL (3 EA per 30 days); \$0 on Diabetic Plans |
| DEXCOM G6 TRANSMITTER                 | Tier 2      | PA; QL (1 EA per 90 days); \$0 on Diabetic Plans |
| DEXCOM G7 RECEIVER                    | Tier 2      | PA; \$0 on Diabetic Plans                        |
| DEXCOM G7 SENSOR                      | Tier 2      | PA; \$0 on Diabetic Plans                        |
| DROPLET GENTEEL LANCING DEVICE        | Tier 2      |  |
| DROPLET LANCETS                       | Tier 2      | QL (204 EA per 30 days)                          |
| DROPLET LANCING DEVICE                | Tier 2      |  |
| EASIVENT MASK LARGE                   | Tier 2      |  |
| EASIVENT MASK MEDIUM                  | Tier 2      |  |
| EASIVENT MASK SMALL                   | Tier 2      |  |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| EASY COMFORT LANCETS   | Tier 2      | QL (204 EA per 30 days)    |
| EASY MINI EJECT LANCING DEVICE   | Tier 2      |                            |
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE<br>1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1<br>ML 27 GAUGE X 1/2"   | Tier 2      | QL (400 EA per 30 days)    |
| EASY TOUCH FLURINGE  | Tier 2      | QL (400 EA per 30 days)    |
| EASY TOUCH FLURINGE FLIPLOCK   | Tier 2      | QL (400 EA per 30 days)    |
| EASY TOUCH FLURINGE SHEATHLOCK   | Tier 2      | QL (400 EA per 30 days)    |
| EASY TOUCH LANCETS   | Tier 2      | QL (204 EA per 30 days)    |
| EASY TOUCH LANCING DEVICE  | Tier 2      |                            |
| EASY TOUCH SAFETY LANCETS  | Tier 2      | QL (204 EA per 30 days)    |
| EASY TOUCH SYRINGE   | Tier 2      | QL (400 EA per 30 days)    |
| EASY TOUCH TUBERCULIN FLIPLOCK   | Tier 2      | QL (400 EA per 30 days)    |
| EASY TOUCH TUBERCULIN SHEATHLK   | Tier 2      | QL (400 EA per 30 days)    |
| EASY TOUCH TWIST LANCETS   | Tier 2      | QL (204 EA per 30 days)    |
| EASY TWIST AND CAP LANCETS   | Tier 2      | QL (204 EA per 30 days)    |
| ECLIPSE SYRINGE  | Tier 2      | QL (400 EA per 30 days)    |
| ELLUME COVID-19 HOME TEST  | Tier 0      | QL (8 EA per 30 days)      |
| EMBRACE LANCETS  | Tier 2      | QL (204 EA per 30 days)    |
| EMBRACE LANCING DEVICE   | Tier 2      |                            |
| EMBRACE PEN NEEDLE NEEDLE 30 GAUGE<br>X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4",<br>31 GAUGE X 5/16"  | Tier 2      |                            |
| EMBRACE SAFETY LANCET  | Tier 2      | QL (204 EA per 30 days)    |
| EXCEL SYRINGE  | Tier 2      | QL (400 EA per 30 days)    |
| EXEL HYPODERMIC NEEDLES NEEDLE 18<br>GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X<br>1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X<br>1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22<br>GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X<br>3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25<br>GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X<br>1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26<br>GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X<br>1/2" | Tier 2      |                            |
| EXEL SYRINGE SYRINGE 10 ML, 3 ML 27<br>GAUGE X 1 1/4", 30 ML, 50 ML  | Tier 2      | QL (400 EA per 30 days)    |
| E-Z JECT LANCETS   | Tier 1      | QL (204 EA per 30 days)    |
| E-Z JECT THIN LANCETS  | Tier 1      | QL (204 EA per 30 days)    |
| EZ SMART LANCETS   | Tier 2      | QL (204 EA per 30 days)    |
| FASTEP COVID-19 AG HOME TEST   | Tier 0      | QL (8 EA per 30 days)      |
| FEMCAP   | Tier 0      | QL (1 EA per 365 days)     |

| Drug Name                                      | Tier   | Restrictions/Limits                                 |
|--|--------|---|
| <i>filter needles needle 18 gauge x 1 1/2"</i> | Tier 2 |   |
| FINGERSTIX LANCETS                             | Tier 2 | QL (204 EA per 30 days)                             |
| FLEXICHAMBER-LG CHILD MASK                     | Tier 2 |   |
| FLEXICHAMBER-SM ADULT MASK                     | Tier 2 |   |
| FLEXICHAMBER-SM CHILD MASK                     | Tier 2 |   |
| FLOW-EZE VENTED NEEDLE                         | Tier 2 |   |
| FLOWFLEX COVID-19 AG HOME TEST                 | Tier 0 | QL (8 EA per 30 days)                               |
| FORA LANCING DEVICE                            | Tier 2 |   |
| FORACARE LANCETS                               | Tier 2 | QL (204 EA per 30 days)                             |
| FREESTYLE CONTROL                              | Tier 2 | QL (4 EA per 365 days)                              |
| FREESTYLE LANCETS                              | Tier 2 | QL (204 EA per 30 days)                             |
| FREESTYLE LIBRE 14 DAY READER                  | Tier 2 | PA; QL (1 EA per 1 Lifetime); \$0 on Diabetic Plans |
| FREESTYLE LIBRE 14 DAY SENSOR                  | Tier 2 | PA; QL (2 EA per 28 days); \$0 on Diabetic Plans    |
| FREESTYLE LIBRE 2 READER                       | Tier 2 | PA; QL (1 EA per 1 Lifetime); \$0 on Diabetic Plans |
| FREESTYLE LIBRE 2 SENSOR                       | Tier 2 | PA; QL (2 EA per 28 days); \$0 on Diabetic Plans    |
| FREESTYLE LIBRE 3 READER                       | Tier 2 | PA; QL (2 EA per 28 days)                           |
| FREESTYLE LIBRE 3 SENSOR                       | Tier 2 | PA; QL (2 EA per 28 days)                           |
| FREESTYLE UNISTIK 2                            | Tier 2 | QL (204 EA per 30 days)                             |
| GENABIO COVID-19 RAPID AT-HOME                 | Tier 0 | QL (8 EA per 30 days)                               |
| GLUCOCOM LANCETS                               | Tier 2 | QL (204 EA per 30 days)                             |
| GLUCOSE KETONE CONTROL SOLN                    | Tier 2 | QL (4 EA per 365 days)                              |
| GOJJI LANCETS                                  | Tier 2 | QL (204 EA per 30 days)                             |
| GOJJI LANCING DEVICE                           | Tier 2 |   |
| HEALTHY ACCENTS AUTOLET                        | Tier 2 |   |
| HEALTHY ACCENTS UNILET LANCET                  | Tier 2 | QL (204 EA per 30 days)                             |
| <i>huber safety needles (disp.)</i>            | Tier 1 |   |
| HURRICAIN LUER-LOCK DIS CAP                    | Tier 2 |   |
| HYPODERMIC NEEDLES                             | Tier 2 |   |
| HYPOLANCE AST LANCING                          | Tier 2 |   |
| IHEALTH COVID-19 AG HOME TEST                  | Tier 0 | QL (8 EA per 30 days)                               |
| INCONTROL LANCING DEVICE                       | Tier 2 |   |
| INCONTROL SUPER THIN LANCETS                   | Tier 2 | QL (204 EA per 30 days)                             |
| INCONTROL ULTRA THIN LANCETS                   | Tier 2 | QL (204 EA per 30 days)                             |
| INDICAID COVID-19 AG HOME TEST                 | Tier 0 | QL (8 EA per 30 days)                               |
| INJECT EASE LANCETS                            | Tier 2 | QL (204 EA per 30 days)                             |
| INJECT-EASE                                    | Tier 2 | QL (400 EA per 30 days)                             |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| INSULIN SYRINGE MICROFINE                               | Tier 2      | QL (400 EA per 30 days)    |
| INTEGRA SYRINGE   | Tier 2      | QL (400 EA per 30 days)    |
| INTELISWAB COVID-19 HOME TEST                           | Tier 0      | QL (8 EA per 30 days)      |
| INTERLINK SYRINGE CANNULA                               | Tier 2      | QL (400 EA per 30 days)    |
| INVACARE LANCETS  | Tier 2      | QL (204 EA per 30 days)    |
| <i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge</i> | Tier 2      | QL (204 EA per 30 days)    |
| LANCETS, SUPER THIN                                     | Tier 2      | QL (204 EA per 30 days)    |
| LANCETS, THIN   | Tier 2      | QL (204 EA per 30 days)    |
| LANCETS, ULTRA THIN                                     | Tier 2      | QL (204 EA per 30 days)    |
| <i>lancing device</i>                                   | Tier 2      |                            |
| <i>lancing device with lancets kit</i>                  | Tier 2      |                            |
| LANCING SYSTEM  | Tier 2      |                            |
| LANZO LANCING DEVICE                                    | Tier 2      |                            |
| LIFESHIELD BLUNT CANNULA NEEDLE                         | Tier 2      |                            |
| LIFESHIELD BLUNT CANNULA SYRINGE                        | Tier 2      | QL (400 EA per 30 days)    |
| LITE TOUCH-MEDIUM MASK                                  | Tier 2      |                            |
| LITETOUCH-LARGE MASK                                    | Tier 2      |                            |
| LITETOUCH-SMALL MASK                                    | Tier 2      |                            |
| LUER LOCK SYRINGE SYRINGE 30 ML                         | Tier 2      | QL (400 EA per 30 days)    |
| LUER-LOK TIP  | Tier 2      | QL (400 EA per 30 days)    |
| MAGELLAN SAFETY SYRINGE                                 | Tier 2      | QL (400 EA per 30 days)    |
| MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"           | Tier 2      | QL (400 EA per 30 days)    |
| MAGELLAN TUBERCULIN SAFETY SYR                          | Tier 2      | QL (400 EA per 30 days)    |
| MEDISENSE MID CONTROL                                   | Tier 2      | QL (4 EA per 365 days)     |
| MEDISENSE THIN LANCETS                                  | Tier 2      | QL (204 EA per 30 days)    |
| MEDLANCE PLUS LANCETS                                   | Tier 1      | QL (204 EA per 30 days)    |
| MEDLANCE PLUS SPECIAL BLADE                             | Tier 2      |                            |
| MICRO THIN LANCETS                                      | Tier 2      | QL (204 EA per 30 days)    |
| MICROLET 2 LANCING DEVICE                               | Tier 2      |                            |
| MICROLET LANCET   | Tier 2      | QL (204 EA per 30 days)    |
| MICROLET NEXT LANCING DEVICE                            | Tier 2      |                            |
| MINI LANCING DEVICE                                     | Tier 2      |                            |
| MINI TRANSFER PIN                                       | Tier 2      |                            |
| MINIMED QUICK-SERTER (MMT-395)                          | Tier 2      |                            |
| MOBILE LANCETS  | Tier 2      | QL (204 EA per 30 days)    |
| MONOJECT 0.9% SODIUM CHLORIDE                           | Tier 1      |                            |
| MONOJECT 140CC PISTON SYRINGE                           | Tier 2      | QL (400 EA per 30 days)    |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| MONOJECT 35CC SYRINGE CATH TIP  | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT 3CC SYR 25GX1"   | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT ALLERGY TRAY   | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT ALLERGY TRAY DETACH  | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT BLOOD COLLECTION   | Tier 2      |                            |
| MONOJECT BLUNT CANNULAS   | Tier 2      |                            |
| MONOJECT CONTROL SYRINGE LUER   | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT DISPOSABLE SYRINGE   | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT ECCENTRIC NON-STERILE  | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT FILTER ASPIRATOR   | Tier 2      |                            |
| MONOJECT FILTER NEEDLE  | Tier 2      |                            |
| MONOJECT HYPODERMIC NEEDLES   | Tier 2      |                            |
| MONOJECT HYPODERMIC POLYPROPYL  | Tier 2      |                            |
| MONOJECT LUER-LOCK TIP  | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT MAGELLAN SYRINGE   | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT MEDICATION TRANSF NDL  | Tier 2      |                            |
| MONOJECT PHARMACY TRAY LUER   | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT PHARMACY TRAY REG TIP  | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT PREFILL ADVANCED NS  | Tier 1      |                            |
| MONOJECT REG TIP NON-STERILE  | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT REGULAR LUER SYRINGE 12 ML, 35 ML, 6 ML  | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT SAFETY LUER LOCK TIP   | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT SAFETY SYRINGES  | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT SYRINGE ECCENTRI LUER  | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT SYRINGE LUER LOK   | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT SYRINGE REGULAR LUER   | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT SYRINGE TOOMEY TYPE  | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT TB   | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT TB LUER LOK  | Tier 2      | QL (400 EA per 30 days)    |
| MONOJECT TB REGULAR LUER TIP  | Tier 2      | QL (400 EA per 30 days)    |



| <b>Drug Name</b>                                 | <b>Tier</b> | <b>Restrictions/Limits</b>                      |
|--|-------------|---|
| MONOJECT TB SAFETY SYRINGE                       | Tier 2      | QL (400 EA per 30 days)                         |
| MONOJECT TIP CAPS/FLEX/LUER                      | Tier 2      | QL (400 EA per 30 days)                         |
| MONOJECT TUBERCULIN SYRINGE                      | Tier 2      | QL (400 EA per 30 days)                         |
| MONOLET LANCETS                                  | Tier 2      | QL (204 EA per 30 days)                         |
| MONOLET THIN LANCETS                             | Tier 2      | QL (204 EA per 30 days)                         |
| MOUTHPIECE                                       | Tier 2      |   |
| MULTI-DRAW NEEDLE                                | Tier 2      |   |
| MULTI-LANCET DEVICE 2                            | Tier 2      |   |
| MYGLUCOHEALTH LANCETS                            | Tier 2      | QL (204 EA per 30 days)                         |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % | Tier 1      |   |
| <i>needle (disp) 16 g</i>                        | Tier 2      |   |
| <i>needle (disp) 18 g</i>                        | Tier 2      |   |
| <i>needle (disp) 19 g</i>                        | Tier 2      |   |
| <i>needle (disp) 23 gauge</i>                    | Tier 2      |   |
| <i>needles, huber disposable</i>                 | Tier 2      |   |
| NOKOR NEEDLE                                     | Tier 2      |   |
| NORMAL SALINE FLUSH                              | Tier 1      |   |
| NOVA SAFETY LANCETS                              | Tier 2      | QL (204 EA per 30 days)                         |
| NOVA SUREFLEX LANCETS                            | Tier 2      | QL (204 EA per 30 days)                         |
| NOVAMAX PLUS KETONE                              | Tier 2      |   |
| NOVOFINE 32                                      | Tier 2      |   |
| NOVOFINE PLUS                                    | Tier 2      |   |
| OMNIPOD 5 G6 INTRO KIT (GEN 5)                   | Tier 2      | PA  |
| OMNIPOD 5 G6 PODS (GEN 5)                        | Tier 2      | PA; QL (10 EA per 21 days)                      |
| OMNIPOD DASH INTRO KIT (GEN 4)                   | Tier 2      | PA  |
| OMNIPOD DASH PDM KIT (GEN 4)                     | Tier 2      | PA  |
| OMNIPOD DASH PODS (GEN 4)                        | Tier 2      | PA; QL (10 EA per 21 days)                      |
| ON CALL LANCET                                   | Tier 2      | QL (204 EA per 30 days)                         |
| ON CALL LANCING DEVICE                           | Tier 2      |   |
| ON CALL PLUS LANCET                              | Tier 2      | QL (204 EA per 30 days)                         |
| ON CALL PLUS LANCING DEVICE                      | Tier 2      |   |
| ONE WAY VALVED MOUTHPIECE                        | Tier 2      |   |
| ONETOUCH DELICA PLUS LANC DEV                    | Tier 2      |   |
| ONETOUCH DELICA PLUS LANCET                      | Tier 2      | QL (204 EA per 30 days)                         |
| ONETOUCH VERIO FLEX METER                        | Tier 2      | QL (1 EA per 1 LIFETIME); \$0 on Diabetic Plans |
| ONETOUCH VERIO HIGH CONTROL                      | Tier 2      | QL (4 EA per 365 days)                          |
| ONETOUCH VERIO MID CONTROL                       | Tier 2      | QL (4 EA per 365 days)                          |

| <b>Drug Name</b>                    | <b>Tier</b> | <b>Restrictions/Limits</b> |
|-------------------------------------|-------------|----------------------------|
| ON-GO COVID-19 AG AT HOME TEST      | Tier 0      | QL (8 EA per 30 days)      |
| ON-THE-GO LANCETS                   | Tier 2      | QL (204 EA per 30 days)    |
| OPTICHAMBER ADULT MASK-LARGE        | Tier 2      |                            |
| OPTICHAMBER DIAMOND LG MASK         | Tier 2      |                            |
| OPTICHAMBER DIAMOND-MED MSK         | Tier 2      |                            |
| OPTICHAMBER DIAMOND-SML MASK        | Tier 2      |                            |
| PANDA MASK                          | Tier 2      |                            |
| PEDIATRIC MEDIUM MASK               | Tier 2      |                            |
| PEDIATRIC PANDA MASK                | Tier 2      |                            |
| PEDIATRIC SMALL MASK                | Tier 2      |                            |
| PILOT COVID-19 AT-HOME TEST         | Tier 0      | QL (8 EA per 30 days)      |
| PIP LANCET                          | Tier 2      | QL (204 EA per 30 days)    |
| POLY HUB NEEDLE                     | Tier 2      |                            |
| PRECISION XTRA B-KETONE             | Tier 2      |                            |
| PRESSURE ACTIVATED LANCETS          | Tier 2      | QL (204 EA per 30 days)    |
| PRO COMFORT LANCET                  | Tier 2      | QL (204 EA per 30 days)    |
| PRO COMFORT SAFETY LANCET           | Tier 2      | QL (204 EA per 30 days)    |
| PRO COMFORT SPACER-ADULT MASK       | Tier 2      |                            |
| PROCARE SPACER WITH ADULT MASK      | Tier 2      |                            |
| PROCARE SPACER WITH CHILD MASK      | Tier 2      |                            |
| PRODIGY COUNT-A-DOSE                | Tier 2      | QL (400 EA per 30 days)    |
| PRODIGY LANCETS                     | Tier 2      | QL (204 EA per 30 days)    |
| PRODIGY LANCING DEVICE              | Tier 2      |                            |
| PRODIGY TWIST TOP LANCET            | Tier 2      | QL (204 EA per 30 days)    |
| PULMOSAL                            | Tier 1      |                            |
| PURE COMFORT LANCETS                | Tier 2      | QL (204 EA per 30 days)    |
| PURE COMFORT SAFETY LANCETS         | Tier 2      | QL (204 EA per 30 days)    |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE | Tier 2      | QL (204 EA per 30 days)    |
| QUICKVUE AT-HOME COVID-19 TEST      | Tier 0      | QL (8 EA per 30 days)      |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE  | Tier 2      | QL (204 EA per 30 days)    |
| RELIAMED MINI LANCING DEVICE        | Tier 2      |                            |
| RELIAMED SAFETY SEAL LANCETS        | Tier 2      | QL (204 EA per 30 days)    |
| RIGHTEST GD500 LANCING DEVICE       | Tier 2      |                            |
| RIGHTEST GL300 LANCETS              | Tier 2      | QL (204 EA per 30 days)    |

| Drug Name   | Tier   | Restrictions/Limits     |
|---|--------|-------------------------|
| SAFESNAP SYRINGE SYRINGE 10 ML, 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML, 5 ML 20 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" | Tier 2 | QL (400 EA per 30 days) |
| SAFETY LANCETS  | Tier 2 | QL (204 EA per 30 days) |
| <i>safety needles</i>   | Tier 2 |                         |
| SAFETY SEAL LANCETS   | Tier 2 | QL (204 EA per 30 days) |
| SAFETY-LET LANCETS  | Tier 2 | QL (204 EA per 30 days) |
| SIDESTREAM PEDIATRIC FACE MASK  | Tier 2 |                         |
| SILICONE MASK - INFANT  | Tier 2 |                         |
| SILICONE MASK - PEDIATRIC   | Tier 2 |                         |
| SIL-SERTER  | Tier 2 |                         |
| SINGLE-LET  | Tier 2 | QL (204 EA per 30 days) |
| SMART SENSE LANCETS   | Tier 2 | QL (204 EA per 30 days) |
| SMARTDIABETES VANTAGE   | Tier 2 |                         |
| SMARTEST LANCET   | Tier 2 | QL (204 EA per 30 days) |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i>   | Tier 1 |                         |
| <i>sodium chloride inhalation solution for nebulization 10 %</i>  | Tier 1 | QL (4 ML per 1 day)     |
| SOFT TOUCH LANCETS  | Tier 2 | QL (204 EA per 30 days) |
| SOLUS V2 LANCETS  | Tier 2 | QL (204 EA per 30 days) |
| SOLUS V2 LANCING DEVICE   | Tier 2 |                         |
| SPACE CHAMBER WITH LARGE MASK   | Tier 2 |                         |
| SPACE CHAMBER WITH MEDIUM MASK  | Tier 2 |                         |
| SPACE CHAMBER WITH SMALL MASK   | Tier 2 |                         |
| SPEEDYSWAB COVID-19 HOME TEST   | Tier 0 | QL (8 EA per 30 days)   |
| STERILANCE TL   | Tier 2 | QL (204 EA per 30 days) |
| SUPER THIN LANCETS  | Tier 2 | QL (204 EA per 30 days) |
| SURE COMFORT LANCETS  | Tier 2 | QL (204 EA per 30 days) |
| SURE COMFORT LANCING PEN  | Tier 2 |                         |
| SUREFLEX DEVICE WITH LANCETS  | Tier 2 |                         |
| SUREFLEX LANCING DEVICE   | Tier 2 |                         |
| SURE-LANCE  | Tier 2 | QL (204 EA per 30 days) |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| SURE-LANCE ULTRA THIN   | Tier 2      | QL (204 EA per 30 days)    |
| SURE-PEN LANCING DEVICE   | Tier 2      |                            |
| SURE-TOUCH LANCET   | Tier 2      | QL (204 EA per 30 days)    |
| SURGIFOAM TOPICAL SPONGE 12-7 MM  | Tier 1      |                            |
| SURGUARD2 SAFETY NEEDLE   | Tier 2      |                            |
| SURGUARD2 SAFETY SYRINGE  | Tier 2      | QL (400 EA per 30 days)    |
| <i>syringe (disposable)</i>   | Tier 2      | QL (400 EA per 30 days)    |
| SYRINGE 3CC/20GX1"  | Tier 2      | QL (400 EA per 30 days)    |
| SYRINGE 3CC/21GX1"  | Tier 2      | QL (400 EA per 30 days)    |
| SYRINGE 3CC/21GX1-1/2"  | Tier 2      | QL (400 EA per 30 days)    |
| SYRINGE 3CC/22GX1"  | Tier 2      | QL (400 EA per 30 days)    |
| SYRINGE 3CC/22GX3/4"  | Tier 2      | QL (400 EA per 30 days)    |
| SYRINGE 3CC/25GX1"  | Tier 2      | QL (400 EA per 30 days)    |
| SYRINGE TIP CONNECTOR   | Tier 2      | QL (400 EA per 30 days)    |
| <i>syringe with needle syringe 1 ml 25 gauge x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2"</i> | Tier 2      | QL (400 EA per 30 days)    |
| SYRINGE WITHOUT NEEDLE  | Tier 2      | QL (400 EA per 30 days)    |
| TECHLITE INSULIN SYRINGE  | Tier 2      | QL (400 EA per 30 days)    |
| TECHLITE INSULN SYR(HALF UNIT)  | Tier 2      | QL (400 EA per 30 days)    |
| TECHLITE LANCETS 28 GAUGE, 30 GAUGE   | Tier 2      | QL (204 EA per 30 days)    |
| TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2"  | Tier 2      | QL (400 EA per 30 days)    |
| TECHLITE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"                  | Tier 2      |                            |
| TECHLITE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"   | Tier 2      | QL (200 EA per 30 days)    |
| TELCARE LANCETS   | Tier 2      | QL (204 EA per 30 days)    |
| TERUMO ALLERGY SYRINGE  | Tier 2      | QL (400 EA per 30 days)    |
| TERUMO HYPODERMIC NEEDLE/SYRIN  | Tier 2      | QL (400 EA per 30 days)    |
| TERUMO SYRINGE  | Tier 2      | QL (400 EA per 30 days)    |
| THIN LANCETS  | Tier 2      | QL (204 EA per 30 days)    |
| TOOMEY SYRINGE  | Tier 2      | QL (400 EA per 30 days)    |
| TOPCARE UNIVERSAL1 LANCET   | Tier 2      | QL (204 EA per 30 days)    |
| TRANSFER PIN  | Tier 2      |                            |
| TRUE COMFORT LANCET   | Tier 2      | QL (204 EA per 30 days)    |
| TRUEDRAW LANCING DEVICE   | Tier 2      |                            |
| TRUEPLUS LANCETS  | Tier 2      | QL (204 EA per 30 days)    |
| TUBERCULIN SYRINGE  | Tier 2      | QL (400 EA per 30 days)    |
| <i>tuberculin-allergy syringes</i>  | Tier 2      | QL (400 EA per 30 days)    |
| TWIST LANCETS   | Tier 2      | QL (204 EA per 30 days)    |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| ULTICARE LOW DEAD SPACE SYRINGE SYRINGE 3 ML 22 X 1 1/2" | Tier 2      | QL (400 EA per 30 days)    |
| ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"                    | Tier 2      | QL (400 EA per 30 days)    |
| ULTICARE TB SAFETY SYRINGE                               | Tier 2      | QL (400 EA per 30 days)    |
| ULTI-LANCE   | Tier 2      |                            |
| ULTILET BASIC LANCETS                                    | Tier 2      | QL (204 EA per 30 days)    |
| ULTILET CLASSIC LANCETS                                  | Tier 2      | QL (204 EA per 30 days)    |
| ULTILET LANCETS  | Tier 2      | QL (204 EA per 30 days)    |
| ULTILET SAFETY LANCETS                                   | Tier 2      | QL (204 EA per 30 days)    |
| ULTRA THIN II LANCETS                                    | Tier 2      | QL (204 EA per 30 days)    |
| ULTRA THIN LANCETS                                       | Tier 2      | QL (204 EA per 30 days)    |
| ULTRA THIN PLUS LANCETS                                  | Tier 2      | QL (204 EA per 30 days)    |
| ULTRA TLC LANCETS  | Tier 2      | QL (204 EA per 30 days)    |
| ULTRA-CARE LANCETS                                       | Tier 2      | QL (204 EA per 30 days)    |
| ULTRALANCE LANCETS                                       | Tier 2      | QL (204 EA per 30 days)    |
| ULTRA-THIN II LANCETS                                    | Tier 2      | QL (204 EA per 30 days)    |
| UNILET COMFORTOUCH LANCET                                | Tier 2      | QL (204 EA per 30 days)    |
| UNILET GP LANCET   | Tier 2      | QL (204 EA per 30 days)    |
| UNILET LANCET  | Tier 2      | QL (204 EA per 30 days)    |
| UNILET LANCETS   | Tier 2      | QL (204 EA per 30 days)    |
| UNILET SUPER THIN LANCETS                                | Tier 2      | QL (204 EA per 30 days)    |
| UNISTIK 2 DEVICE   | Tier 2      |                            |
| UNISTIK 2 NORMAL LANCET                                  | Tier 2      |                            |
| UNISTIK 3 COMFORT LANCET                                 | Tier 2      | QL (204 EA per 30 days)    |
| UNISTIK 3 EXTRA LANCET                                   | Tier 2      | QL (204 EA per 30 days)    |
| UNISTIK 3 GENTLE   | Tier 2      | QL (204 EA per 30 days)    |
| UNISTIK 3 NORMAL LANCET                                  | Tier 2      | QL (204 EA per 30 days)    |
| UNISTIK COMFORT LANCETS                                  | Tier 2      | QL (204 EA per 30 days)    |
| UNISTIK CZT LANCET                                       | Tier 2      | QL (204 EA per 30 days)    |
| UNISTIK EXTRA LANCETS                                    | Tier 2      | QL (204 EA per 30 days)    |
| UNISTIK NORMAL LANCETS                                   | Tier 2      | QL (204 EA per 30 days)    |
| UNISTIK PRO LANCET                                       | Tier 2      | QL (204 EA per 30 days)    |
| UNISTIK SAFETY   | Tier 2      | QL (204 EA per 30 days)    |
| UNISTIK TOUCH LANCETS                                    | Tier 2      | QL (204 EA per 30 days)    |
| UNIVERSAL 1 LANCETS                                      | Tier 2      | QL (204 EA per 30 days)    |

| Drug Name  | Tier   | Restrictions/Limits                           |
|--|--------|---|
| VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" | Tier 2 | QL (400 EA per 30 days)                       |
| VANISHPOINT TUBERCULIN SYRINGE   | Tier 2 | QL (400 EA per 30 days)                       |
| VIVAGUARD LANCET   | Tier 2 | QL (204 EA per 30 days)                       |
| VIVAGUARD LANCING DEVICE   | Tier 2 |   |
| VORTEX ADULT MASK  | Tier 2 |   |
| VORTEX VHC FROG MASK-CHILD   | Tier 2 |   |
| VORTEX VHC LADYBUG MASK-TODDLR   | Tier 2 |   |
| YALE DISPOSABLE NEEDLES  | Tier 2 |   |
| <b>DIAGNOSTIC AGENTS</b>   |        |   |
| <b>DIABETES MELLITUS</b>   |        |   |
| ONETOUCH VERIO TEST STRIPS   | Tier 2 | QL (50 EA per 30 days); \$0 on Diabetic Plans |
| <b>DIAGNOSTIC AGENTS</b>   |        |   |
| <i>glucagon hcl injection recon soln 1 mg/ml</i>   | Tier 2 |   |
| <b>KETONES</b>   |        |   |
| KETONE CARE  | Tier 2 |   |
| KETONE URINE TEST  | Tier 2 |   |
| KETOSTIX   | Tier 2 |   |
| TRUEPLUS KETONE  | Tier 2 |   |
| <b>OCULAR DISORDERS</b>  |        |   |
| BIOGLO   | Tier 1 |   |
| GLOSTRIPS OPHTHALMIC (EYE) STRIP 1 MG  | Tier 1 |   |
| <b>ROENTGENOGRAPHY AND OTHER IMAGING AGENTS</b>  |        |   |
| MD-GASTROVIEW  | Tier 1 |   |
| <b>SUGAR</b>   |        |   |
| DIASTIX  | Tier 2 |   |
| <b>URINE AND FECES CONTENTS</b>  |        |   |
| CHEK-STIX CONTROL  | Tier 2 |   |
| CHEMSTRIP 10 MD  | Tier 2 |   |
| CHEMSTRIP 10/SG  | Tier 2 |   |
| CHEMSTRIP 2 GP   | Tier 2 |   |
| CHEMSTRIP 50B  | Tier 2 |   |
| CHEMSTRIP 7  | Tier 2 |   |
| CHEMSTRIP 9  | Tier 2 |   |

| <b>Drug Name</b>                                      | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| COMBISTIX REAGENT                                     | Tier 2      |                            |
| HEMA-COMBISTIX  | Tier 2      |                            |
| KETO-DIASTIX  | Tier 2      |                            |
| LABSTIX REAGENT                                       | Tier 2      |                            |
| MULTISTIX   | Tier 2      |                            |
| MULTISTIX 10 SG                                       | Tier 2      |                            |
| MULTISTIX 5   | Tier 2      |                            |
| MULTISTIX 7   | Tier 2      |                            |
| MULTISTIX 8 SG  | Tier 2      |                            |
| MULTISTIX 9   | Tier 2      |                            |
| MULTISTIX 9 SG  | Tier 2      |                            |
| URISTIX 4   | Tier 2      |                            |
| URISTIX REAGENT                                       | Tier 2      |                            |
| <b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>       |             |                            |
| <b>ALKALINIZING AGENTS</b>                            |             |                            |
| <i>potassium citrate oral tablet extended release</i> | Tier 1      |                            |
| <b>AMMONIA DETOXICANTS</b>                            |             |                            |
| ENULOSE   | Tier 1      |                            |
| <i>lactulose oral solution</i>                        | Tier 1      |                            |
| <b>CALORIC AGENTS</b>                                 |             |                            |
| ACD SOLUTION A  | Tier 2      |                            |
| ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML           | Tier 2      |                            |
| DEX4 GLUCOSE BITS                                     | Tier 1      |                            |
| DEX4 GLUCOSE ORAL TABLET,CHEWABLE                     | Tier 1      |                            |
| DEX4 GLUCOSE POUCH PACK                               | Tier 1      |                            |
| DEX4 GLUCOSE QUICK DISSOLVE                           | Tier 1      |                            |
| <i>dextrose oral gel</i>                              | Tier 1      |                            |
| ENFAMIL GLUCOSE                                       | Tier 2      |                            |
| GLUCO BURST   | Tier 1      |                            |
| GLUCOSE BITS  | Tier 1      |                            |
| GLUCOSE GEL   | Tier 1      |                            |
| <i>glucose oral tablet,chewable 4 gram</i>            | Tier 1      |                            |
| GLUTOL GEL  | Tier 2      |                            |
| GLUTOSE-15  | Tier 2      |                            |
| GLUTOSE-45  | Tier 2      |                            |
| GLUTOSE-5   | Tier 1      |                            |
| RELION GLUCOSE  | Tier 1      |                            |

| Drug Name   | Tier   | Restrictions/Limits         |
|---|--------|-----------------------------|
| <b>CARBONIC ANHYDRASE INHIBITORS</b>                                  |        |                             |
| <i>acetazolamide</i>  | Tier 1 |                             |
| <b>DIURETICS, MISCELLANEOUS</b>                                       |        |                             |
| ELIXOPHYLLIN  | Tier 2 |                             |
| THEO-24   | Tier 2 |                             |
| <i>theophylline oral elixir</i>                                       | Tier 1 |                             |
| <i>theophylline oral solution</i>                                     | Tier 1 |                             |
| <i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i> | Tier 1 |                             |
| <i>theophylline oral tablet extended release 24 hr</i>                | Tier 1 |                             |
| <b>IRRIGATING SOLUTIONS</b>   |        |                             |
| DELFLX WITH 2.5 % DEXTROSE  | Tier 1 |                             |
| DELFLX-LC/1.5% DEXTROSE   | Tier 1 |                             |
| DELFLX-LC/2.5% DEXTROSE   | Tier 1 |                             |
| DELFLX-LC/4.25% DEXTROSE  | Tier 1 |                             |
| EXTRANEAL 7.5 %   | Tier 2 |                             |
| GLYCINE UROLOGIC  | Tier 1 |                             |
| <i>glycine urologic solution</i>                                      | Tier 1 |                             |
| <b>LOOP DIURETICS (40:28)</b>   |        |                             |
| <i>bumetanide oral</i>  | Tier 1 |                             |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>        | Tier 1 |                             |
| <i>furosemide oral tablet</i>   | Tier 1 |                             |
| <i>toremide</i>   | Tier 1 |                             |
| <b>PHOSPHATE-REMOVING AGENTS</b>                                      |        |                             |
| AURYXIA   | Tier 2 |                             |
| <i>calcium acetate(phosphat bind)</i>                                 | Tier 1 | QL (360 EA per 30 days)     |
| <i>lanthanum</i>  | Tier 1 | PA; QL (90 EA per 30 days)  |
| <i>sevelamer carbonate oral tablet</i>                                | Tier 1 | PA; QL (270 EA per 30 days) |
| <i>sevelamer hcl oral tablet 400 mg</i>                               | Tier 1 | PA; QL (90 EA per 30 days)  |
| VELPHORO  | Tier 3 | QL (120 EA per 30 days)     |
| <b>POTASSIUM-REMOVING AGENTS</b>                                      |        |                             |
| <i>sodium polystyrene sulfonate</i>                                   | Tier 1 |                             |
| SPS (WITH SORBITOL)   | Tier 1 |                             |
| <b>POTASSIUM-SPARING DIURETICS</b>                                    |        |                             |
| <i>amiloride</i>  | Tier 1 |                             |
| <i>amiloride-hydrochlorothiazide</i>                                  | Tier 1 |                             |
| <i>spironolactone oral tablet</i>                                     | Tier 1 |                             |
| <i>spironolacton-hydrochlorothiaz</i>                                 | Tier 1 |                             |



| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| <i>triamterene-hydrochlorothiazid oral capsule</i>                         | Tier 1      |                            |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>               | Tier 1      | QL (1 EA per 1 day)        |
| <i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>                 | Tier 1      |                            |
| <b>REPLACEMENT PREPARATIONS</b>  |             |                            |
| <i>cardioplegic soln</i>   | Tier 1      |                            |
| EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ                                   | Tier 1      |                            |
| KLOR-CON 10  | Tier 1      |                            |
| KLOR-CON 8   | Tier 1      |                            |
| KLOR-CON M10   | Tier 1      |                            |
| KLOR-CON M15   | Tier 1      |                            |
| KLOR-CON M20   | Tier 1      |                            |
| KLOR-CON/EF  | Tier 1      |                            |
| ONE DAILY PRENATAL   | Tier 0      |                            |
| <i>potassium chloride oral capsule, extended release</i>                   | Tier 1      |                            |
| <i>potassium chloride oral liquid</i>                                      | Tier 1      |                            |
| <i>potassium chloride oral tablet extended release</i>                     | Tier 1      |                            |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i> | Tier 1      |                            |
| PRENATAL COMPLETE  | Tier 0      |                            |
| PRENATAL ONE DAILY   | Tier 0      |                            |
| PRENATAL TABLET  | Tier 0      |                            |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG                            | Tier 0      |                            |
| PRENATAL VITAMIN WITH MINERALS   | Tier 0      |                            |
| <i>prenatal vit-iron fum-folic ac</i>                                      | Tier 0      |                            |
| <b>THIAZIDE DIURETICS</b>  |             |                            |
| <i>amiloride-hydrochlorothiazide</i>                                       | Tier 1      |                            |
| <i>benazepril-hydrochlorothiazide</i>                                      | Tier 1      |                            |
| <i>bisoprolol-hydrochlorothiazide</i>                                      | Tier 1      |                            |
| <i>candesartan-hydrochlorothiazid</i>                                      | Tier 1      |                            |
| <i>captopril-hydrochlorothiazide</i>                                       | Tier 1      |                            |
| <i>enalapril-hydrochlorothiazide</i>                                       | Tier 1      |                            |
| <i>fosinopril-hydrochlorothiazide</i>                                      | Tier 1      |                            |
| <i>hydrochlorothiazide</i>   | Tier 1      |                            |
| <i>irbesartan-hydrochlorothiazide</i>                                      | Tier 1      |                            |
| <i>lisinopril-hydrochlorothiazide</i>                                      | Tier 1      |                            |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| <i>losartan-hydrochlorothiazide</i>                          | Tier 1      |                            |
| <i>metoprolol ta-hydrochlorothiaz</i>                        | Tier 1      |                            |
| <i>olmesartan-amlodipin-hcthiazid</i>                        | Tier 1      |                            |
| <i>olmesartan-hydrochlorothiazide</i>                        | Tier 1      |                            |
| <i>propranolol-hydrochlorothiazid</i>                        | Tier 1      |                            |
| <i>quinapril-hydrochlorothiazide</i>                         | Tier 1      |                            |
| <i>spironolacton-hydrochlorothiaz</i>                        | Tier 1      |                            |
| <i>telmisartan-hydrochlorothiazid</i>                        | Tier 1      |                            |
| <i>triamterene-hydrochlorothiazid oral capsule</i>           | Tier 1      |                            |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> | Tier 1      | QL (1 EA per 1 day)        |
| <i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>   | Tier 1      |                            |
| <i>valsartan-hydrochlorothiazide</i>                         | Tier 1      |                            |
| <b>THIAZIDE-LIKE DIURETICS</b>                               |             |                            |
| <i>atenolol-chlorthalidone</i>                               | Tier 1      |                            |
| <i>chlorthalidone</i>  | Tier 1      |                            |
| <i>indapamide</i>  | Tier 1      |                            |
| <i>metolazone</i>  | Tier 1      |                            |
| <b>URICOSURIC AGENTS</b>                                     |             |                            |
| <i>probenecid</i>  | Tier 1      |                            |
| <i>probenecid-colchicine</i>                                 | Tier 1      | ST                         |
| <b>VASOPRESSIN ANTAGONISTS</b>                               |             |                            |
| <i>tolvaptan oral tablet 15 mg</i>                           | Tier 4      | PA; QL (30 EA per 30 days) |
| <i>tolvaptan oral tablet 30 mg</i>                           | Tier 4      | PA; QL (60 EA per 30 days) |
| <b>ENZYMES</b>   |             |                            |
| <b>ENZYME COFACTORS/CHAPERONES</b>                           |             |                            |
| <i>sapropterin</i>   | Tier 4      | PA                         |
| <b>ENZYMES</b>   |             |                            |
| <b>PULMOZYME</b>   | Tier 4      | PA; QL (2.5 ML per 1 day)  |
| <b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>               |             |                            |
| <b>ALPHA-ADRENERGIC AGONISTS (EENT)</b>                      |             |                            |
| <i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>      | Tier 1      |                            |
| <i>brimonidine-timolol</i>                                   | Tier 1      | PA                         |
| <b>ANTIALLERGIC AGENTS</b>                                   |             |                            |
| <b>ALOMIDE</b>   | Tier 2      | PA                         |
| <i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>    | Tier 1      | QL (60 ML per 30 days)     |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| <i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> | Tier 1      |                            |
| <i>azelastine ophthalmic (eye)</i>                           | Tier 1      |                            |
| <i>azelastine-fluticasone</i>                                | Tier 1      | ST; QL (23 GM per 30 days) |
| <i>cromolyn ophthalmic (eye)</i>                             | Tier 1      |                            |
| <i>epinastine</i>  | Tier 1      |                            |
| LASTACRAFT ONCE DAILY RELIEF                                 | Tier 3      |                            |
| <i>olopatadine nasal</i>                                     | Tier 1      | QL (31 GM per 30 days)     |
| <i>olopatadine ophthalmic (eye)</i>                          | Tier 1      |                            |
| ZERVIAE  | Tier 2      | PA                         |
| <b>ANTIBACTERIALS (52:04)</b>                                |             |                            |
| AZASITE  | Tier 2      |                            |
| <i>bacitracin ophthalmic (eye)</i>                           | Tier 1      |                            |
| <i>bacitracin-polymyxin b</i>                                | Tier 1      |                            |
| CIPRO HC   | Tier 3      |                            |
| <i>ciprofloxacin hcl ophthalmic (eye)</i>                    | Tier 1      |                            |
| <i>ciprofloxacin hcl otic (ear)</i>                          | Tier 1      |                            |
| <i>ciprofloxacin-dexamethasone</i>                           | Tier 1      | ST                         |
| <i>ciprofloxacin-fluocinolone</i>                            | Tier 2      |                            |
| <i>doxycycline hyclate oral tablet 20 mg</i>                 | Tier 1      |                            |
| <i>erythromycin ophthalmic (eye)</i>                         | Tier 1      |                            |
| <i>gatifloxacin</i>  | Tier 1      |                            |
| <i>gentamicin ophthalmic (eye)</i>                           | Tier 1      |                            |
| <i>levofloxacin ophthalmic (eye)</i>                         | Tier 1      |                            |
| <i>moxifloxacin ophthalmic (eye)</i>                         | Tier 1      |                            |
| <i>neomycin-bacitracin-poly-hc</i>                           | Tier 1      |                            |
| <i>neomycin-bacitracin-polymyxin</i>                         | Tier 1      |                            |
| <i>neomycin-polymyxin b-dexameth</i>                         | Tier 1      |                            |
| <i>neomycin-polymyxin-gramicidin</i>                         | Tier 1      |                            |
| <i>neomycin-polymyxin-hc</i>                                 | Tier 1      |                            |
| NEO-POLYCIN  | Tier 1      |                            |
| NEO-POLYCIN HC   | Tier 1      |                            |
| <i>ofloxacin ophthalmic (eye)</i>                            | Tier 1      | QL (10 ML per 30 days)     |
| <i>ofloxacin otic (ear)</i>                                  | Tier 1      |                            |
| POLYCIN  | Tier 1      |                            |
| <i>polymyxin b sulf-trimethoprim</i>                         | Tier 1      |                            |
| <i>sulfacetamide sodium ophthalmic (eye) drops</i>           | Tier 1      |                            |
| <i>sulfacetamide-prednisolone</i>                            | Tier 1      |                            |
| <i>tobramycin ophthalmic (eye)</i>                           | Tier 1      |                            |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| <i>tobramycin-dexamethasone</i>                                 | Tier 1      |                            |
| <b>ANTIFUNGALS (EENT)</b>                                       |             |                            |
| NATACYN   | Tier 2      | QL (15 ML per 30 days)     |
| <b>ANTI-INFECTIVES, MISCELLANEOUS (52:04)</b>                   |             |                            |
| <i>acetic acid otic (ear)</i>                                   | Tier 1      |                            |
| <i>hydrocortisone-acetic acid</i>                               | Tier 1      | QL (10 ML per 30 days)     |
| <b>ANTIVIRALS (EENT)</b>  |             |                            |
| <i>trifluridine</i>   | Tier 1      |                            |
| <b>BETA-ADRENERGIC BLOCKING AGENTS (EENT)</b>                   |             |                            |
| <i>betaxolol ophthalmic (eye)</i>                               | Tier 1      |                            |
| <i>brimonidine-timolol</i>                                      | Tier 1      | PA                         |
| <i>carteolol</i>  | Tier 1      |                            |
| <i>dorzolamide-timolol</i>                                      | Tier 1      |                            |
| <i>dorzolamide-timolol (pf)</i>                                 | Tier 1      |                            |
| <i>levobunolol</i>  | Tier 1      |                            |
| <i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %</i> | Tier 1      |                            |
| <i>timolol maleate ophthalmic (eye) drops</i>                   | Tier 1      |                            |
| <i>timolol maleate ophthalmic (eye) gel forming solution</i>    | Tier 1      |                            |
| TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %       | Tier 2      |                            |
| <b>CARBONIC ANHYDRASE INHIBITORS (EENT)</b>                     |             |                            |
| <i>acetazolamide</i>  | Tier 1      |                            |
| <i>brinzolamide</i>   | Tier 1      | PA                         |
| <i>dorzolamide</i>  | Tier 1      |                            |
| <i>dorzolamide-timolol</i>                                      | Tier 1      |                            |
| <i>dorzolamide-timolol (pf)</i>                                 | Tier 1      |                            |
| <i>methazolamide</i>  | Tier 1      |                            |
| <b>CORTICOSTEROIDS (EENT)</b>                                   |             |                            |
| <i>azelastine-fluticasone</i>                                   | Tier 1      | ST; QL (23 GM per 30 days) |
| CIPRO HC  | Tier 3      |                            |
| <i>ciprofloxacin-dexamethasone</i>                              | Tier 1      | ST                         |
| <i>ciprofloxacin-fluocinolone</i>                               | Tier 2      |                            |
| <i>dexamethasone sodium phosphate ophthalmic (eye)</i>          | Tier 1      |                            |
| <i>flunisolide</i>  | Tier 1      | ST; QL (50 ML per 30 days) |
| <i>fluocinolone acetonide oil</i>                               | Tier 1      |                            |
| <i>fluorometholone</i>  | Tier 1      |                            |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| <i>fluticasone propionate nasal</i>                                  | Tier 1      | QL (16 GM per 30 days)     |
| <i>hydrocortisone-acetic acid</i>                                    | Tier 1      | QL (10 ML per 30 days)     |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> | Tier 1      |                            |
| <i>mometasone nasal</i>  | Tier 1      | ST; QL (17 GM per 30 days) |
| <i>neomycin-bacitracin-poly-hc</i>                                   | Tier 1      |                            |
| <i>neomycin-polymyxin b-dexameth</i>                                 | Tier 1      |                            |
| <i>neomycin-polymyxin-hc ophthalmic (eye)</i>                        | Tier 1      |                            |
| NEO-POLYCIN HC   | Tier 1      |                            |
| <i>prednisolone acetate</i>  | Tier 1      |                            |
| <i>prednisolone sodium phosphate ophthalmic (eye)</i>                | Tier 1      |                            |
| <i>tobramycin-dexamethasone</i>                                      | Tier 1      |                            |
| <b>EENT DRUGS, MISCELLANEOUS</b>                                     |             |                            |
| BALANCED SALT  | Tier 1      |                            |
| BSS  | Tier 1      |                            |
| <i>ipratropium bromide nasal</i>                                     | Tier 1      | QL (30 ML per 30 days)     |
| OCUCOAT  | Tier 1      |                            |
| <b>EENT NONSTEROIDAL ANTI-INFLAM. AGENTS</b>                         |             |                            |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i>                       | Tier 1      |                            |
| <i>diclofenac sodium ophthalmic (eye)</i>                            | Tier 1      |                            |
| <i>flurbiprofen sodium</i>   | Tier 1      |                            |
| <i>ketorolac ophthalmic (eye) drops 0.4 %</i>                        | Tier 1      | QL (5 ML per 30 days)      |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i>                        | Tier 1      |                            |
| <b>LOCAL ANESTHETICS (EENT)</b>                                      |             |                            |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>         | Tier 1      |                            |
| LIDOCAINE VISCOUS  | Tier 1      | QL (100 ML per 30 days)    |
| <i>proparacaine</i>  | Tier 1      |                            |
| <b>MIOTICS</b>   |             |                            |
| PHOSPHOLINE IODIDE   | Tier 4      | PA                         |
| <i>pilocarpine hcl ophthalmic (eye)</i>                              | Tier 1      |                            |
| <b>MOUTHWASHES AND GARGLES</b>                                       |             |                            |
| <i>hydrogen peroxide</i>   | Tier 1      |                            |
| <b>MYDRIATICS</b>  |             |                            |
| <i>atropine ophthalmic (eye) drops 1 %</i>                           | Tier 1      |                            |
| <i>atropine ophthalmic (eye) ointment</i>                            | Tier 1      |                            |
| <i>cyclopentolate</i>  | Tier 1      |                            |
| HOMATROPAIRE   | Tier 1      |                            |

| <b>Drug Name</b>                                      | <b>Tier</b> | <b>Restrictions/Limits</b>  |
|---|-------------|-----------------------------|
| <i>tropicamide</i>                                    | Tier 1      |                             |
| <b>PROSTAGLANDIN ANALOGS</b>                          |             |                             |
| <i>bimatoprost ophthalmic (eye)</i>                   | Tier 1      | ST                          |
| <i>latanoprost</i>                                    | Tier 1      |                             |
| <i>tafluprost (pf)</i>                                | Tier 1      | ST                          |
| <i>travoprost</i>                                     | Tier 1      | ST                          |
| <b>GASTROINTESTINAL DRUGS</b>                         |             |                             |
| <b>5-HT3 RECEPTOR ANTAGONISTS</b>                     |             |                             |
| AKYNZEO (NETUPITANT)                                  | Tier 3      | QL (1 EA per 30 days)       |
| <i>granisetron hcl oral</i>                           | Tier 1      | QL (6 EA per 30 days)       |
| <i>ondansetron</i>                                    | Tier 1      | QL (9 EA per 30 days)       |
| <i>ondansetron hcl oral solution</i>                  | Tier 1      | QL (100 ML per 30 days)     |
| <i>ondansetron hcl oral tablet</i>                    | Tier 1      | QL (9 EA per 30 days)       |
| <b>ANTIDIARRHEA AGENTS</b>                            |             |                             |
| ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE              | Tier 1      | QL (2 EA per 1 day)         |
| <i>diphenoxylate-atropine oral tablet</i>             | Tier 1      |                             |
| <i>loperamide oral capsule</i>                        | Tier 1      | QL (2 EA per 1 day)         |
| MOTOFEN   | Tier 3      | PA; QL (8 EA per 1 Day)     |
| <b>ANTIEMETICS, MISCELLANEOUS</b>                     |             |                             |
| <i>doxylamine-pyridoxine (vit b6)</i>                 | Tier 1      | PA; QL (120 EA per 30 days) |
| <i>dronabinol</i>                                     | Tier 1      | PA                          |
| <i>scopolamine base</i>                               | Tier 1      |                             |
| <b>ANTIHISTAMINES (GI DRUGS)</b>                      |             |                             |
| <i>doxylamine-pyridoxine (vit b6)</i>                 | Tier 1      | PA; QL (120 EA per 30 days) |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i>           | Tier 1      |                             |
| <i>prochlorperazine maleate</i>                       | Tier 1      |                             |
| <i>trimethobenzamide</i>                              | Tier 1      |                             |
| <b>ANTI-INFLAMMATORY AGENTS (GI DRUGS)</b>            |             |                             |
| <i>alosetron</i>                                      | Tier 1      | PA                          |
| <i>balsalazide</i>                                    | Tier 1      |                             |
| DIPENTUM  | Tier 2      | PA                          |
| <i>mesalamine oral capsule (with del rel tablets)</i> | Tier 1      |                             |
| <i>mesalamine oral capsule,extended release 24hr</i>  | Tier 1      |                             |
| <i>mesalamine oral tablet,delayed release (dr/ec)</i> | Tier 1      |                             |
| <i>mesalamine rectal enema</i>                        | Tier 1      |                             |
| <i>mesalamine with cleansing wipe</i>                 | Tier 1      |                             |
| <i>sulfasalazine</i>                                  | Tier 1      |                             |

| Drug Name   | Tier   | Restrictions/Limits |
|---|--------|---------------------|
| <b>CATHARTICS AND LAXATIVES</b>                           |        |                     |
| <i>bisacodyl oral</i>                                     | Tier 0 |                     |
| CITRATE OF MAGNESIA                                       | Tier 0 |                     |
| CITROMA   | Tier 0 |                     |
| CLEARLAX ORAL POWDER                                      | Tier 0 |                     |
| CLENPIQ   | Tier 0 |                     |
| DULCOLAX (MAGNESIUM HYDROXIDE) ORAL SUSPENSION            | Tier 0 |                     |
| GAVILAX ORAL POWDER                                       | Tier 0 |                     |
| GAVILYTE-C  | Tier 0 |                     |
| GAVILYTE-G  | Tier 0 |                     |
| GENTLE LAXATIVE (BISACODYL) ORAL                          | Tier 0 |                     |
| GENTLELAX   | Tier 0 |                     |
| LAXATIVE (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC) | Tier 0 |                     |
| LAXATIVE PEG 3350   | Tier 0 |                     |
| <i>magnesium citrate oral solution</i>                    | Tier 0 |                     |
| <i>magnesium hydroxide</i>                                | Tier 0 |                     |
| MILK OF MAGNESIA  | Tier 0 |                     |
| MILK OF MAGNESIA CONCENTRATED                             | Tier 0 |                     |
| NATURA-LAX  | Tier 0 |                     |
| ORAL SALINE LAXATIVE                                      | Tier 0 |                     |
| <i>peg 3350-electrolytes</i>                              | Tier 0 |                     |
| <i>peg3350-sod sul-nacl-kcl-asb-c</i>                     | Tier 1 |                     |
| <i>peg-electrolyte soln</i>                               | Tier 0 |                     |
| PHOSPHATE LAXATIVE  | Tier 0 |                     |
| PLENVU  | Tier 0 |                     |
| <i>polyethylene glycol 3350 oral powder</i>               | Tier 0 |                     |
| POWDERLAX ORAL POWDER                                     | Tier 0 |                     |
| PURELAX ORAL POWDER                                       | Tier 0 |                     |
| SMOOTHLAX ORAL POWDER                                     | Tier 0 |                     |
| <i>sodium,potassium,mag sulfates</i>                      | Tier 0 |                     |
| SUTAB   | Tier 0 |                     |
| WOMEN'S GENTLE LAXATIVE(BISAC)                            | Tier 0 |                     |
| <b>CHOLELITHOLYTIC AGENTS</b>                             |        |                     |
| <i>ursodiol</i>   | Tier 1 |                     |
| <b>DIGESTANTS</b>   |        |                     |
| CREON   | Tier 2 |                     |
| VIOKACE   | Tier 2 |                     |

| Drug Name  | Tier   | Restrictions/Limits        |
|--|--------|----------------------------|
| <b>GUANYLATE CYCLASE C (GCC) RECEPT AGONIST</b>                                |        |                            |
| TRULANCE   | Tier 2 | QL (30 EA per 30 days)     |
| <b>HISTAMINE H2-ANTAGONISTS</b>  |        |                            |
| <i>cimetidine</i>  | Tier 1 |                            |
| <i>famotidine oral suspension for reconstitution</i>                           | Tier 1 |                            |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                                     | Tier 1 |                            |
| <i>ibuprofen-famotidine</i>  | Tier 1 | PA                         |
| <i>nizatidine</i>  | Tier 1 |                            |
| <b>NEUROKININ-1 RECEPTOR ANTAGONISTS</b>                                       |        |                            |
| AKYNZEO (NETUPITANT)   | Tier 3 | QL (1 EA per 30 days)      |
| <i>aprepitant oral capsule 125 mg, 40 mg</i>                                   | Tier 1 | PA; QL (1 EA per 30 days)  |
| <i>aprepitant oral capsule 80 mg</i>   | Tier 1 | PA; QL (2 EA per 30 days)  |
| <b>PROKINETIC AGENTS</b>   |        |                            |
| <i>metoclopramide hcl oral</i>   | Tier 1 |                            |
| <b>PROSTAGLANDINS</b>  |        |                            |
| <i>diclofenac-misoprostol</i>  | Tier 1 |                            |
| <i>misoprostol</i>   | Tier 1 | QL (4 EA per 1 day)        |
| <b>PROTECTANTS</b>   |        |                            |
| <i>sucralfate oral suspension</i>  | Tier 1 |                            |
| <i>sucralfate oral tablet</i>  | Tier 1 | QL (4 EA per 1 day)        |
| <b>PROTON-PUMP INHIBITORS</b>  |        |                            |
| ACID REDUCER (OMEPRAZOLE)  | Tier 1 |                            |
| <i>amoxicil-clarithromy-lansopraz</i>  | Tier 1 | QL (112 EA per 30 days)    |
| <i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>               | Tier 1 | QL (60 EA per 30 days)     |
| <i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>               | Tier 1 | ST; QL (60 EA per 30 days) |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>        | Tier 1 | QL (30 EA per 30 days)     |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>        | Tier 1 |                            |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> | Tier 1 | ST; QL (30 EA per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>        | Tier 1 | ST                         |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>                  | Tier 1 | QL (2 EA per 1 day)        |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>                  | Tier 1 |                            |
| <i>naproxen-esomeprazole</i>   | Tier 1 | ST                         |



| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| <i>omeprazole magnesium oral capsule, delayed release(dr/ec)</i>                    | Tier 1      |                            |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>                        | Tier 1      | QL (30 EA per 30 days)     |
| <i>omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>                 | Tier 1      | QL (2 EA per 1 day)        |
| <i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>                        | Tier 1      | PA; QL (30 EA per 30 days) |
| <i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>                        | Tier 1      | PA                         |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>                      | Tier 1      | QL (30 EA per 30 days)     |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>                      | Tier 1      | QL (6 EA per 1 day)        |
| <i>rabeprazole oral tablet, delayed release (dr/ec)</i>                             | Tier 1      | ST; QL (60 EA per 30 days) |
| <b>HEAVY METAL ANTAGONISTS</b>  |             |                            |
| <b>HEAVY METAL ANTAGONISTS</b>  |             |                            |
| <i>deferasirox oral tablet</i>  | Tier 4      | PA                         |
| <i>deferasirox oral tablet, dispersible</i>   | Tier 4      | PA                         |
| D-PENAMINE  | Tier 2      | PA                         |
| <i>penicillamine</i>  | Tier 1      | PA                         |
| <b>HORMONES AND SYNTHETIC SUBSTITUTES</b>   |             |                            |
| <b>ADRENALS</b>   |             |                            |
| AGAMREE   | Tier 4      |                            |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION                            | Tier 3      | QL (13 GM per 30 days)     |
| ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION                             | Tier 3      | QL (7 GM per 30 days)      |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION | Tier 2      | QL (1 EA per 30 days)      |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION                     | Tier 2      | QL (30 EA per 30 days)     |
| ASMANEX HFA   | Tier 2      | QL (13 GM per 30 days)     |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>  | Tier 1      | QL (120 ML per 30 days)    |
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>                  | Tier 1      | QL (60 ML per 30 days)     |
| <i>budesonide oral capsule, delayed, extend.release</i>                             | Tier 1      |                            |
| <i>budesonide-formoterol</i>  | Tier 2      | ST; QL (11 GM per 30 days) |
| <i>cortisone</i>  | Tier 1      |                            |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| DEXAMETHASONE INTENSOL   | Tier 1      |                            |
| <i>dexamethasone oral elixir</i>   | Tier 1      |                            |
| <i>dexamethasone oral solution</i>   | Tier 1      |                            |
| <i>dexamethasone oral tablet</i>   | Tier 1      |                            |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION  | Tier 2      | ST; QL (1 GM per 30 days)  |
| DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION  | Tier 2      | ST; QL (13 GM per 30 days) |
| EMFLAZA  | Tier 4      | PA                         |
| <i>fludrocortisone</i>   | Tier 1      |                            |
| <i>fluticasone furoate-vilanterol</i>  | Tier 2      | ST; QL (60 EA per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>   | Tier 1      | QL (12 GM per 30 days)     |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>   | Tier 1      | QL (24 GM per 30 days)     |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>  | Tier 1      | QL (11 GM per 30 days)     |
| <i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>  | Tier 2      | ST; QL (1 EA per 30 days)  |
| <i>fluticasone propion-salmeterol inhalation blister with device</i>   | Tier 1      | QL (1 EA per 30 days)      |
| <i>hydrocortisone oral</i>   | Tier 1      |                            |
| <i>methylprednisolone</i>  | Tier 1      |                            |
| <i>prednisolone oral solution</i>  | Tier 1      |                            |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | Tier 1      |                            |
| <i>prednisolone sodium phosphate oral tablet, disintegrating</i>   | Tier 1      |                            |
| <i>prednisone</i>  | Tier 1      |                            |
| PREDNISONE INTENSOL  | Tier 1      |                            |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION  | Tier 2      | QL (11 GM per 30 days)     |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION  | Tier 2      | QL (22 GM per 30 days)     |
| <b>ALPHA-GLUCOSIDASE INHIBITORS</b>  |             |                            |
| <i>acarbose</i>  | Tier 1      |                            |
| <i>miglitol</i>  | Tier 1      |                            |
| <b>AMYLINOMIMETICS</b>   |             |                            |
| SYMLINPEN 120  | Tier 2      | ST; QL (19 ML per 30 days) |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b>                        |
|--|-------------|---|
| SYMLINPEN 60   | Tier 2      | ST; QL (11 ML per 30 days)                        |
| <b>ANDROGENS</b>   |             |   |
| COVARYX  | Tier 1      |   |
| COVARYX H.S.   | Tier 1      |   |
| <i>danazol</i>   | Tier 1      |   |
| EEMT   | Tier 1      |   |
| EEMT HS  | Tier 1      |   |
| <i>estrogens-methyltestosterone</i>  | Tier 1      |   |
| <i>methyltestosterone</i>  | Tier 1      | PA  |
| <i>testosterone cypionate</i>  | Tier 1      | PA  |
| <i>testosterone enanthate</i>  | Tier 1      | PA  |
| <i>testosterone transdermal gel</i>  | Tier 1      | PA; QL (60 GM per 30 days)                        |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> | Tier 1      | PA; QL (150 GM per 30 days)                       |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>                    | Tier 1      | PA; QL (75 GM per 30 days)                        |
| <i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>            | Tier 1      | PA; QL (30 GM per 30 days)                        |
| <b>ANTIDIABETIC AGENTS, MISCELLANEOUS</b>  |             |   |
| <i>colesevelam oral powder in packet</i>   | Tier 1      | PA; QL (30 EA per 30 days)                        |
| <i>colesevelam oral tablet</i>   | Tier 1      | PA; QL (180 EA per 30 days)                       |
| <b>ANTIESTROGENS</b>   |             |   |
| <i>anastrozole</i>   | Tier 0      |   |
| <i>exemestane</i>  | Tier 0      |   |
| <i>letrozole</i>   | Tier 1      |   |
| <b>ANTIGONADTROPINS</b>  |             |   |
| ORILISSA ORAL TABLET 150 MG  | Tier 2      | PA; QL (30 EA per 30 days)                        |
| ORILISSA ORAL TABLET 200 MG  | Tier 2      | PA; QL (60 EA per 30 days)                        |
| <b>ANTIPARATHYROID AGENTS</b>  |             |   |
| <i>calcitonin (salmon) nasal</i>   | Tier 1      |   |
| <i>cinacalcet</i>  | Tier 1      | PA  |
| <b>ANTITHYROID AGENTS</b>  |             |   |
| <i>methimazole</i>   | Tier 1      |   |
| <i>potassium iodide oral solution</i>  | Tier 1      |   |
| <i>propylthiouracil</i>  | Tier 1      |   |
| SSKI   | Tier 2      |   |
| <b>BIGUANIDES</b>  |             |   |
| <i>alogliptin-metformin</i>  | Tier 1      | ST; QL (60 EA per 30 days); \$0 on Diabetic Plans |
| <i>glipizide-metformin</i>   | Tier 1      | \$0 on Diabetic Plans                             |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b>                        |
|--|-------------|---|
| <i>glyburide-metformin oral tablet 1.25-250 mg</i>                                     | Tier 1      | QL (260 EA per 30 days); \$0 on Diabetic Plans    |
| <i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>                            | Tier 1      | QL (5 EA per 1 day); \$0 on Diabetic Plans        |
| <i>metformin oral solution</i>   | Tier 1      | ST  |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>                                  | Tier 1      | \$0 on Diabetic Plans                             |
| <i>metformin oral tablet extended release 24 hr 500 mg</i>                             | Tier 1      | QL (120 EA per 30 days)                           |
| <i>metformin oral tablet extended release 24 hr 750 mg</i>                             | Tier 1      | QL (60 EA per 30 days)                            |
| <i>pioglitazone-metformin</i>  | Tier 1      | QL (90 EA per 30 days); \$0 on Diabetic Plans     |
| SEGLUROMET   | Tier 2      | ST; QL (60 EA per 30 days); \$0 on Diabetic Plans |
| SYNJARDY   | Tier 2      | ST; QL (60 EA per 30 days); \$0 on Diabetic Plans |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG | Tier 2      | ST; QL (60 EA per 30 days); \$0 on Diabetic Plans |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG                            | Tier 2      | ST; QL (30 EA per 30 days); \$0 on Diabetic Plans |
| <b>CONTRACEPTIVES</b>  |             |   |
| AFIRMELLE  | Tier 0      |   |
| AFTER PILL   | Tier 0      | QL (1 EA per 30 days)                             |
| AFTERA   | Tier 0      | QL (1 EA per 30 days)                             |
| ALTAVERA (28)  | Tier 0      |   |
| ALYACEN 1/35 (28)  | Tier 0      |   |
| ALYACEN 7/7/7 (28)   | Tier 0      |   |
| AMETHIA  | Tier 0      | QL (1 EA per 1 day)                               |
| AMETHYST (28)  | Tier 0      | QL (1 EA per 1 day)                               |
| ANNOVERA   | Tier 0      | QL (1 EA per 365 days)                            |
| APRI   | Tier 0      |   |
| ARANELLE (28)  | Tier 0      |   |
| ASHLYNA  | Tier 0      | QL (1 EA per 1 day)                               |
| AUBRA  | Tier 0      |   |
| AUBRA EQ   | Tier 0      |   |
| AUROVELA 1.5/30 (21)   | Tier 0      |   |
| AUROVELA 1/20 (21)   | Tier 0      |   |
| AUROVELA 24 FE   | Tier 0      |   |
| AUROVELA FE 1.5/30 (28)  | Tier 0      |   |
| AUROVELA FE 1-20 (28)  | Tier 0      |   |

| <b>Drug Name</b>                      | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---------------------------------------|-------------|----------------------------|
| AVIANE                                | Tier 0      |                            |
| AYUNA                                 | Tier 0      |                            |
| AZURETTE (28)                         | Tier 0      |                            |
| BALCOLTRA                             | Tier 0      | ST                         |
| BALZIVA (28)                          | Tier 0      |                            |
| BEYAZ                                 | Tier 0      | ST                         |
| BLISOVI 24 FE                         | Tier 0      |                            |
| BLISOVI FE 1.5/30 (28)                | Tier 0      |                            |
| BLISOVI FE 1/20 (28)                  | Tier 0      |                            |
| BRIELLYN                              | Tier 0      |                            |
| CAMILA                                | Tier 0      |                            |
| CAMRESE                               | Tier 0      | QL (1 EA per 1 day)        |
| CAMRESE LO                            | Tier 0      | QL (1 EA per 1 day)        |
| CAZIAN (28)                           | Tier 0      |                            |
| CHARLOTTE 24 FE                       | Tier 0      |                            |
| CHATEAL (28)                          | Tier 0      |                            |
| CHATEAL EQ (28)                       | Tier 0      |                            |
| CRYSSELLE (28)                        | Tier 0      |                            |
| CYRED                                 | Tier 0      |                            |
| CYRED EQ                              | Tier 0      |                            |
| DASETTA 1/35 (28)                     | Tier 0      |                            |
| DASETTA 7/7/7 (28)                    | Tier 0      |                            |
| DAYSEE                                | Tier 0      | QL (1 EA per 1 day)        |
| DEBLITANE                             | Tier 0      |                            |
| <i>desog-e.estradiolle.estradiol</i>  | Tier 0      |                            |
| <i>desogestrel-ethinyl estradiol</i>  | Tier 0      |                            |
| DOLISHALE                             | Tier 0      | QL (1 EA per 1 day)        |
| <i>drospirenone-e.estradiol-lm.fa</i> | Tier 0      |                            |
| <i>drospirenone-ethinyl estradiol</i> | Tier 0      |                            |
| ECONTRA EZ                            | Tier 0      | QL (1 EA per 30 days)      |
| ECONTRA ONE-STEP                      | Tier 0      | QL (1 EA per 30 days)      |
| ELINEST                               | Tier 0      |                            |
| ELLA                                  | Tier 0      | QL (1 EA per 30 days)      |
| ELURYNG                               | Tier 0      |                            |
| ENPRESSE                              | Tier 0      |                            |
| ENSKYCE                               | Tier 0      |                            |
| ERRIN                                 | Tier 0      |                            |
| ESTARYLLA                             | Tier 0      |                            |
| <i>ethynodiol diac-eth estradiol</i>  | Tier 0      |                            |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| <i>etonogestrel-ethinyl estradiol</i>  | Tier 0      |                            |
| FALMINA (28)   | Tier 0      |                            |
| FINZALA  | Tier 0      |                            |
| GEMMILY  | Tier 0      |                            |
| HAILEY   | Tier 0      |                            |
| HAILEY 24 FE   | Tier 0      |                            |
| HAILEY FE 1.5/30 (28)  | Tier 0      |                            |
| HAILEY FE 1/20 (28)  | Tier 0      |                            |
| HALOETTE   | Tier 0      |                            |
| HEATHER  | Tier 0      |                            |
| HER STYLE  | Tier 0      | QL (1 EA per 30 days)      |
| ICLEVIA  | Tier 0      | QL (1 EA per 1 day)        |
| INCASSIA   | Tier 0      |                            |
| ISIBLOOM   | Tier 0      |                            |
| JAIMIESS   | Tier 0      | QL (1 EA per 1 day)        |
| JASMIEL (28)   | Tier 0      |                            |
| JENCYCLA   | Tier 0      |                            |
| JOLESSA  | Tier 0      | QL (1 EA per 1 day)        |
| JULEBER  | Tier 0      |                            |
| JUNEL 1.5/30 (21)  | Tier 0      |                            |
| JUNEL 1/20 (21)  | Tier 0      |                            |
| JUNEL FE 1.5/30 (28)   | Tier 0      |                            |
| JUNEL FE 1/20 (28)   | Tier 0      |                            |
| JUNEL FE 24  | Tier 0      |                            |
| KAITLIB FE   | Tier 0      |                            |
| KALLIGA  | Tier 0      |                            |
| KARIVA (28)  | Tier 0      |                            |
| KELNOR 1/35 (28)   | Tier 0      |                            |
| KELNOR 1-50 (28)   | Tier 0      |                            |
| KURVELO (28)   | Tier 0      |                            |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i> | Tier 0      | QL (1 EA per 1 day)        |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>                                | Tier 0      |                            |
| LARIN 1.5/30 (21)  | Tier 0      |                            |
| LARIN 1/20 (21)  | Tier 0      |                            |
| LARIN 24 FE  | Tier 0      |                            |
| LARIN FE 1.5/30 (28)   | Tier 0      |                            |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| LARIN FE 1/20 (28)   | Tier 0      |                            |
| LAYOLIS FE   | Tier 0      |                            |
| LEENA 28   | Tier 0      |                            |
| LESSINA  | Tier 0      |                            |
| LEVONEST (28)  | Tier 0      |                            |
| <i>levonorgestrel</i>  | Tier 0      | QL (1 EA per 30 days)      |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i> | Tier 0      |                            |
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>              | Tier 0      | QL (1 EA per 1 day)        |
| <i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>        | Tier 0      | QL (1 EA per 1 day)        |
| <i>levonorg-eth estrad triphasic</i>   | Tier 0      |                            |
| LEVORA-28  | Tier 0      |                            |
| LO LOESTRIN FE   | Tier 0      | ST                         |
| LOESTRIN 1.5/30 (21)   | Tier 0      | ST                         |
| LOESTRIN 1/20 (21)   | Tier 0      | ST                         |
| LOESTRIN FE 1.5/30 (28-DAY)  | Tier 0      | ST                         |
| LOESTRIN FE 1/20 (28-DAY)  | Tier 0      | ST                         |
| LOJAIMIESS   | Tier 0      | QL (1 EA per 1 day)        |
| LORYNA (28)  | Tier 0      |                            |
| LOW-OGESTREL (28)  | Tier 0      |                            |
| LO-ZUMANDIMINE (28)  | Tier 0      |                            |
| LUTERA (28)  | Tier 0      |                            |
| LYLEQ  | Tier 0      |                            |
| LYZA   | Tier 0      |                            |
| MARLISSA (28)  | Tier 0      |                            |
| MERZEE   | Tier 0      |                            |
| MIBELAS 24 FE  | Tier 0      |                            |
| MICROGESTIN 1.5/30 (21)  | Tier 0      |                            |
| MICROGESTIN 1/20 (21)  | Tier 0      |                            |
| MICROGESTIN 24 FE  | Tier 0      |                            |
| MICROGESTIN FE 1.5/30 (28)   | Tier 0      |                            |
| MICROGESTIN FE 1/20 (28)   | Tier 0      |                            |
| MILI   | Tier 0      |                            |
| MONO-LINYAH  | Tier 0      |                            |
| MY CHOICE  | Tier 0      | QL (1 EA per 30 days)      |
| MY WAY   | Tier 0      | QL (1 EA per 30 days)      |
| NATAZIA  | Tier 0      | ST                         |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| NECON 0.5/35 (28)  | Tier 0      |                            |
| NEW DAY  | Tier 0      | QL (1 EA per 30 days)      |
| NEXTSTELLIS  | Tier 0      | ST                         |
| NIKKI (28)   | Tier 0      |                            |
| NORA-BE  | Tier 0      |                            |
| <i>noreth-ethinyl estradiol-iron</i>   | Tier 0      |                            |
| <i>norethindrone (contraceptive)</i>   | Tier 0      |                            |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | Tier 0      |                            |
| <i>norethindrone-e.estradiol-iron</i>  | Tier 0      |                            |
| <i>norgestimate-ethinyl estradiol</i>  | Tier 0      |                            |
| NORTREL 0.5/35 (28)  | Tier 0      |                            |
| NORTREL 1/35 (21)  | Tier 0      |                            |
| NORTREL 1/35 (28)  | Tier 0      |                            |
| NORTREL 7/7/7 (28)   | Tier 0      |                            |
| NYLIA 1/35 (28)  | Tier 0      |                            |
| NYLIA 7/7/7 (28)   | Tier 0      |                            |
| NYMYO  | Tier 0      |                            |
| OCELLA   | Tier 0      |                            |
| OPCICON ONE-STEP   | Tier 0      | QL (1 EA per 30 days)      |
| OPTION-2   | Tier 0      | QL (1 EA per 30 days)      |
| PHILITH  | Tier 0      |                            |
| PIMTREA (28)   | Tier 0      |                            |
| PLAN B ONE-STEP  | Tier 0      | QL (1 EA per 30 days)      |
| PORTIA 28  | Tier 0      |                            |
| QUARTETTE  | Tier 0      | ST                         |
| RECLIPSEN (28)   | Tier 0      |                            |
| RIVELSA  | Tier 0      |                            |
| SAFYRAL  | Tier 0      | ST                         |
| SETLAKIN   | Tier 0      | QL (1 EA per 1 day)        |
| SHAROBEL   | Tier 0      |                            |
| SIMLIYA (28)   | Tier 0      |                            |
| SIMPESSE   | Tier 0      | QL (1 EA per 1 day)        |
| SLYND  | Tier 0      | ST                         |
| SPRINTEC (28)  | Tier 0      |                            |
| SRONYX   | Tier 0      |                            |
| SYEDA  | Tier 0      |                            |
| TAKE ACTION  | Tier 0      | QL (1 EA per 30 days)      |
| TARINA 24 FE   | Tier 0      |                            |



| <b>Drug Name</b>               | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--------------------------------|-------------|----------------------------|
| TARINA FE 1/20 (28)            | Tier 0      |                            |
| TARINA FE 1-20 EQ (28)         | Tier 0      |                            |
| TILIA FE                       | Tier 0      |                            |
| TRI-ESTARYLLA                  | Tier 0      |                            |
| TRI-LEGEST FE                  | Tier 0      |                            |
| TRI-LINYAH                     | Tier 0      |                            |
| TRI-LO-ESTARYLLA               | Tier 0      |                            |
| TRI-LO-MARZIA                  | Tier 0      |                            |
| TRI-LO-MILI                    | Tier 0      |                            |
| TRI-LO-SPRINTEC                | Tier 0      |                            |
| TRI-MILI                       | Tier 0      |                            |
| TRI-NYMYO                      | Tier 0      |                            |
| TRI-SPRINTEC (28)              | Tier 0      |                            |
| TRIVORA (28)                   | Tier 0      |                            |
| TRI-VYLIBRA                    | Tier 0      |                            |
| TRI-VYLIBRA LO                 | Tier 0      |                            |
| TULANA                         | Tier 0      |                            |
| TWIRLA                         | Tier 0      | ST                         |
| TYBLUME                        | Tier 0      | ST                         |
| TYDEMY                         | Tier 0      |                            |
| VELIVET TRIPHASIC REGIMEN (28) | Tier 0      |                            |
| VESTURA (28)                   | Tier 0      |                            |
| VIENVA                         | Tier 0      |                            |
| VIORELE (28)                   | Tier 0      |                            |
| VOLNEA (28)                    | Tier 0      |                            |
| VYFEMLA (28)                   | Tier 0      |                            |
| VYLIBRA                        | Tier 0      |                            |
| WERA (28)                      | Tier 0      |                            |
| WYMZYA FE                      | Tier 0      |                            |
| XULANE                         | Tier 0      |                            |
| YASMIN (28)                    | Tier 0      | ST                         |
| YAZ (28)                       | Tier 0      | ST                         |
| ZAFEMY                         | Tier 0      |                            |
| ZARAH                          | Tier 0      |                            |
| ZOVIA 1-35 (28)                | Tier 0      |                            |
| ZUMANDIMINE (28)               | Tier 0      |                            |

| Drug Name  | Tier   | Restrictions/Limits                               |
|--|--------|---|
| <b>DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS</b>  |        |   |
| <i>alogliptin</i>  | Tier 1 | ST; QL (30 EA per 30 days); \$0 on Diabetic Plans |
| <i>alogliptin-metformin</i>  | Tier 1 | ST; QL (60 EA per 30 days); \$0 on Diabetic Plans |
| <i>alogliptin-pioglitazone</i>   | Tier 1 | ST; QL (30 EA per 30 days); \$0 on Diabetic Plans |
| <b>ESTROGEN AGONIST-ANTAGONISTS</b>  |        |   |
| DUAVEE   | Tier 3 | PA; QL (1 EA per 1 Day)                           |
| OSPHENA  | Tier 3 | PA; QL (1 EA per 1 Day)                           |
| <i>raloxifene</i>  | Tier 0 |   |
| SOLTAMOX   | Tier 0 |   |
| <i>tamoxifen</i>   | Tier 0 |   |
| <i>toremifene</i>  | Tier 1 | PA  |
| <b>ESTROGENS</b>   |        |   |
| COMBIPATCH   | Tier 2 |   |
| COVARYX  | Tier 1 |   |
| COVARYX H.S.   | Tier 1 |   |
| DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | Tier 1 | QL (8 EA per 30 days)                             |
| DUAVEE   | Tier 3 | PA; QL (1 EA per 1 Day)                           |
| EEMT   | Tier 1 |   |
| EEMT HS  | Tier 1 |   |
| <i>estradiol oral</i>  | Tier 1 |   |
| <i>estradiol transdermal patch semiweekly</i>  | Tier 1 | QL (8 EA per 30 days)                             |
| <i>estradiol transdermal patch weekly</i>  | Tier 1 | QL (4 EA per 30 days)                             |
| <i>estradiol vaginal tablet</i>  | Tier 1 |   |
| <i>estradiol-norethindrone acet</i>  | Tier 1 |   |
| <i>estrogens-methyltestosterone</i>  | Tier 1 |   |
| FYAVOLV  | Tier 1 |   |
| MIMVEY   | Tier 1 |   |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>                   | Tier 1 |   |
| <b>GLYCOGENOLYTIC AGENTS</b>   |        |   |
| BAQSIMI  | Tier 2 | ST; QL (2 EA per 30 days)                         |
| GLUCAGEN HYPOKIT   | Tier 2 | QL (2 EA per 30 days)                             |
| GLUCAGON (HCL) EMERGENCY KIT   | Tier 2 | QL (2 EA per 30 days)                             |
| GLUCAGON EMERGENCY KIT (HUMAN)   | Tier 1 | QL (2 EA per 30 days)                             |
| <i>glucagon hcl injection recon soln 1 mg/ml</i>   | Tier 2 |   |

| Drug Name  | Tier   | Restrictions/Limits                           |
|--|--------|---|
| <b>GONADOTROPINS</b>   |        |   |
| SYNAREL  | Tier 2 | PA  |
| <b>INCRETIN MIMETICS</b>                                       |        |   |
| MOUNJARO   | Tier 2 | PA; QL (2 ML per 28 days)                     |
| OZEMPIC  | Tier 2 | PA; QL (3 ML per 28 days)                     |
| RYBELSUS   | Tier 2 | PA; QL (30 EA per 30 days)                    |
| SOLIQUA 100/33   | Tier 2 | ST; QL (15 ML per 30 days)                    |
| TRULICITY  | Tier 2 | PA; QL (2 ML per 28 days)                     |
| XULTOPHY 100/3.6   | Tier 2 | PA; ST; QL (15 ML per 30 days)                |
| <b>INSULINS</b>  |        |   |
| BASAGLAR KWIKPEN U-100 INSULIN                                 | Tier 2 | QL (45 ML per 30 days); \$0 on Diabetic Plans |
| HUMULIN 70/30 U-100 INSULIN                                    | Tier 2 | QL (40 ML per 30 days)                        |
| HUMULIN 70/30 U-100 KWIKPEN                                    | Tier 2 | QL (45 ML per 30 days)                        |
| HUMULIN N NPH INSULIN KWIKPEN                                  | Tier 2 | QL (45 ML per 30 days)                        |
| HUMULIN N NPH U-100 INSULIN                                    | Tier 2 | QL (40 ML per 30 days)                        |
| HUMULIN R REGULAR U-100 INSULIN                                | Tier 2 | QL (40 ML per 30 days)                        |
| HUMULIN R U-500 (CONC) INSULIN                                 | Tier 2 |   |
| HUMULIN R U-500 (CONC) KWIKPEN                                 | Tier 2 |   |
| <i>insulin asp prt-insulin aspart subcutaneous insulin pen</i> | Tier 2 | QL (45 ML per 30 days); \$0 on Diabetic Plans |
| <i>insulin asp prt-insulin aspart subcutaneous solution</i>    | Tier 2 | QL (40 ML per 30 days); \$0 on Diabetic Plans |
| <i>insulin aspart u-100 subcutaneous insulin pen</i>           | Tier 2 | \$0 on Diabetic Plans                         |
| <i>insulin aspart u-100 subcutaneous solution</i>              | Tier 2 | \$0 on Diabetic Plans                         |
| <i>insulin lispro protamin-lispro</i>                          | Tier 2 | QL (1 ML per 1 day); \$0 on Diabetic Plans    |
| <i>insulin lispro subcutaneous insulin pen</i>                 | Tier 2 | QL (45 ML per 30 days); \$0 on Diabetic Plans |
| <i>insulin lispro subcutaneous insulin pen, half-unit</i>      | Tier 2 | QL (1 ML per 1 day); \$0 on Diabetic Plans    |
| <i>insulin lispro subcutaneous solution</i>                    | Tier 2 | QL (45 ML per 30 days); \$0 on Diabetic Plans |
| NOVOLIN 70/30 U-100 INSULIN                                    | Tier 2 | QL (40 ML per 30 days)                        |
| NOVOLIN 70-30 FLEXPEN U-100                                    | Tier 2 | QL (45 ML per 30 days)                        |
| NOVOLIN N FLEXPEN  | Tier 2 | QL (45 ML per 30 days)                        |
| NOVOLIN N NPH U-100 INSULIN                                    | Tier 2 | QL (40 ML per 30 days)                        |
| NOVOLIN R REGULAR U100 INSULIN                                 | Tier 2 | QL (40 ML per 30 days)                        |
| REZVOGLAR KWIKPEN  | Tier 2 | QL (1.5 ML per 1 Day); \$0 on Diabetic Plans  |
| SOLIQUA 100/33   | Tier 2 | ST; QL (15 ML per 30 days)                    |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b>                    |
|---|-------------|---|
| TRESIBA FLEXTOUCH U-100   | Tier 2      | QL (45 ML per 30 days); \$0 on Diabetic Plans |
| TRESIBA FLEXTOUCH U-200   | Tier 2      | QL (27 ML per 30 days); \$0 on Diabetic Plans |
| TRESIBA U-100 INSULIN   | Tier 2      | QL (40 ML per 30 days); \$0 on Diabetic Plans |
| XULTOPHY 100/3.6  | Tier 2      | PA; ST; QL (15 ML per 30 days)                |
| <b>INTERMEDIATE-ACTING INSULINS</b>                                       |             |   |
| HUMULIN 70/30 U-100 INSULIN   | Tier 2      | QL (40 ML per 30 days)                        |
| HUMULIN 70/30 U-100 KWIKPEN   | Tier 2      | QL (45 ML per 30 days)                        |
| HUMULIN N NPH INSULIN KWIKPEN   | Tier 2      | QL (45 ML per 30 days)                        |
| HUMULIN N NPH U-100 INSULIN   | Tier 2      | QL (40 ML per 30 days)                        |
| <i>insulin asp prt-insulin aspart subcutaneous insulin pen</i>            | Tier 2      | QL (45 ML per 30 days); \$0 on Diabetic Plans |
| <i>insulin asp prt-insulin aspart subcutaneous solution</i>               | Tier 2      | QL (40 ML per 30 days); \$0 on Diabetic Plans |
| <i>insulin lispro protamin-lispro</i>                                     | Tier 2      | QL (1 ML per 1 day); \$0 on Diabetic Plans    |
| NOVOLIN 70/30 U-100 INSULIN   | Tier 2      | QL (40 ML per 30 days)                        |
| NOVOLIN 70-30 FLEXPEN U-100   | Tier 2      | QL (45 ML per 30 days)                        |
| NOVOLIN N FLEXPEN   | Tier 2      | QL (45 ML per 30 days)                        |
| NOVOLIN N NPH U-100 INSULIN   | Tier 2      | QL (40 ML per 30 days)                        |
| <b>LONG-ACTING INSULINS</b>   |             |   |
| BASAGLAR KWIKPEN U-100 INSULIN  | Tier 2      | QL (45 ML per 30 days); \$0 on Diabetic Plans |
| REZVOGLAR KWIKPEN   | Tier 2      | QL (1.5 ML per 1 Day); \$0 on Diabetic Plans  |
| SOLIQUA 100/33  | Tier 2      | ST; QL (15 ML per 30 days)                    |
| TRESIBA FLEXTOUCH U-100   | Tier 2      | QL (45 ML per 30 days); \$0 on Diabetic Plans |
| TRESIBA FLEXTOUCH U-200   | Tier 2      | QL (27 ML per 30 days); \$0 on Diabetic Plans |
| TRESIBA U-100 INSULIN   | Tier 2      | QL (40 ML per 30 days); \$0 on Diabetic Plans |
| XULTOPHY 100/3.6  | Tier 2      | PA; ST; QL (15 ML per 30 days)                |
| <b>MEGLITINIDES</b>   |             |   |
| <i>nateglinide</i>  | Tier 1      |   |
| <i>repaglinide</i>  | Tier 1      |   |
| <b>PARATHYROID AGENTS</b>   |             |   |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i> | Tier 4      | PA; QL (1 ML per 28 days)                     |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b>                    |
|---|-------------|---|
| <b>PITUITARY</b>  |             |   |
| <i>desmopressin injection</i>   | Tier 4      |   |
| <i>desmopressin nasal spray with pump</i>   | Tier 1      |   |
| <i>desmopressin oral</i>  | Tier 1      |   |
| NOCDURNA (MEN)  | Tier 3      | PA; QL (30 EA per 30 days)                    |
| NOCDURNA (WOMEN)  | Tier 3      | PA; QL (30 EA per 30 days)                    |
| OMNITROPE   | Tier 4      | PA  |
| SKYTROFA  | Tier 4      | PA  |
| <b>PROGESTINS</b>   |             |   |
| COMBIPATCH  | Tier 2      |   |
| CRINONE VAGINAL GEL 4 %   | Tier 2      |   |
| CRINONE VAGINAL GEL 8 %   | Tier 4      |   |
| DEPO-PROVERA  | Tier 0      | QL (1 ML per 90 days)                         |
| DEPO-SUBQ PROVERA 104   | Tier 2      | QL (1 ML per 90 days)                         |
| <i>estradiol-norethindrone acet</i>   | Tier 1      |   |
| FYAVOLV   | Tier 1      |   |
| <i>medroxyprogesterone intramuscular</i>  | Tier 0      | QL (1 ML per 90 days)                         |
| <i>medroxyprogesterone oral</i>   | Tier 1      |   |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i> | Tier 1      |   |
| <i>megestrol oral tablet</i>  | Tier 1      |   |
| MIMVEY  | Tier 1      |   |
| <i>norethindrone acetate</i>  | Tier 1      |   |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>                            | Tier 1      |   |
| <i>progesterone micronized</i>  | Tier 1      |   |
| SLYND   | Tier 0      | ST  |
| <b>RAPID-ACTING INSULINS</b>  |             |   |
| <i>insulin asp prt-insulin aspart subcutaneous insulin pen</i>  | Tier 2      | QL (45 ML per 30 days); \$0 on Diabetic Plans |
| <i>insulin asp prt-insulin aspart subcutaneous solution</i>   | Tier 2      | QL (40 ML per 30 days); \$0 on Diabetic Plans |
| <i>insulin aspart u-100 subcutaneous insulin pen</i>  | Tier 2      | \$0 on Diabetic Plans                         |
| <i>insulin aspart u-100 subcutaneous solution</i>   | Tier 2      | \$0 on Diabetic Plans                         |
| <i>insulin lispro protamin-lispro</i>   | Tier 2      | QL (1 ML per 1 day); \$0 on Diabetic Plans    |
| <i>insulin lispro subcutaneous insulin pen</i>  | Tier 2      | QL (45 ML per 30 days); \$0 on Diabetic Plans |
| <i>insulin lispro subcutaneous insulin pen, half-unit</i>   | Tier 2      | QL (1 ML per 1 day); \$0 on Diabetic Plans    |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b>                             |
|--|-------------|--|
| <i>insulin lispro subcutaneous solution</i>  | Tier 2      | QL (45 ML per 30 days); \$0 on Diabetic Plans          |
| <b>SHORT-ACTING INSULINS</b>   |             |  |
| HUMULIN 70/30 U-100 INSULIN  | Tier 2      | QL (40 ML per 30 days)                                 |
| HUMULIN 70/30 U-100 KWIKPEN  | Tier 2      | QL (45 ML per 30 days)                                 |
| HUMULIN R REGULAR U-100 INSULN   | Tier 2      | QL (40 ML per 30 days)                                 |
| HUMULIN R U-500 (CONC) INSULIN   | Tier 2      |  |
| HUMULIN R U-500 (CONC) KWIKPEN   | Tier 2      |  |
| NOVOLIN 70/30 U-100 INSULIN  | Tier 2      | QL (40 ML per 30 days)                                 |
| NOVOLIN 70-30 FLEXPEN U-100  | Tier 2      | QL (45 ML per 30 days)                                 |
| NOVOLIN R REGULAR U100 INSULIN   | Tier 2      | QL (40 ML per 30 days)                                 |
| <b>SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB</b>   |             |  |
| FARXIGA  | Tier 2      | PA; QL (30 Tablets per 30 days); \$0 on Diabetic Plans |
| JARDIANCE  | Tier 2      | PA; QL (30 Tablets per 30 days); \$0 on Diabetic Plans |
| SEGLUROMET   | Tier 2      | ST; QL (60 EA per 30 days); \$0 on Diabetic Plans      |
| STEGLATRO  | Tier 2      | PA; QL (30 EA per 30 days); \$0 on Diabetic Plans      |
| SYNJARDY   | Tier 2      | ST; QL (60 EA per 30 days); \$0 on Diabetic Plans      |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG | Tier 2      | ST; QL (60 EA per 30 days); \$0 on Diabetic Plans      |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG                            | Tier 2      | ST; QL (30 EA per 30 days); \$0 on Diabetic Plans      |
| <b>SULFONYLUREAS</b>   |             |  |
| <i>glimepiride</i>   | Tier 1      | \$0 on Diabetic Plans                                  |
| <i>glipizide</i>   | Tier 1      | \$0 on Diabetic Plans                                  |
| <i>glipizide-metformin</i>   | Tier 1      | \$0 on Diabetic Plans                                  |
| <i>glyburide micronized oral tablet 1.5 mg</i>   | Tier 1      | QL (8 EA per 1 day); \$0 on Diabetic Plans             |
| <i>glyburide micronized oral tablet 3 mg</i>   | Tier 1      | QL (4 EA per 1 day); \$0 on Diabetic Plans             |
| <i>glyburide micronized oral tablet 6 mg</i>   | Tier 1      | QL (2 EA per 1 day); \$0 on Diabetic Plans             |
| <i>glyburide oral tablet 1.25 mg</i>   | Tier 1      | QL (16 EA per 1 day); \$0 on Diabetic Plans            |
| <i>glyburide oral tablet 2.5 mg</i>  | Tier 1      | QL (8 EA per 1 day); \$0 on Diabetic Plans             |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b>                        |
|---|-------------|---|
| <i>glyburide oral tablet 5 mg</i>                           | Tier 1      | QL (4 EA per 1 day); \$0 on Diabetic Plans        |
| <i>glyburide-metformin oral tablet 1.25-250 mg</i>          | Tier 1      | QL (260 EA per 30 days); \$0 on Diabetic Plans    |
| <i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> | Tier 1      | QL (5 EA per 1 day); \$0 on Diabetic Plans        |
| <i>pioglitazone-glimepiride</i>                             | Tier 1      | ST; QL (30 EA per 30 days)                        |
| <b>THIAZOLIDINEDIONES</b>                                   |             |   |
| <i>alogliptin-pioglitazone</i>                              | Tier 1      | ST; QL (30 EA per 30 days); \$0 on Diabetic Plans |
| <i>pioglitazone</i>   | Tier 1      | QL (30 EA per 30 days); \$0 on Diabetic Plans     |
| <i>pioglitazone-glimepiride</i>                             | Tier 1      | ST; QL (30 EA per 30 days)                        |
| <i>pioglitazone-metformin</i>                               | Tier 1      | QL (90 EA per 30 days); \$0 on Diabetic Plans     |
| <b>THYROID AGENTS</b>                                       |             |   |
| EUTHYROX  | Tier 1      |   |
| <i>levothyroxine oral tablet</i>                            | Tier 1      |   |
| LEVOXYL   | Tier 1      |   |
| <i>liothyronine oral</i>                                    | Tier 1      |   |
| NP THYROID  | Tier 1      |   |
| UNITHROID   | Tier 1      |   |
| <b>MISCELLANEOUS THERAPEUTIC AGENTS</b>                     |             |   |
| <b>5-ALPHA-REDUCTASE INHIBITORS</b>                         |             |   |
| <i>dutasteride</i>  | Tier 1      | ST  |
| <i>dutasteride-tamsulosin</i>                               | Tier 1      | ST  |
| <i>finasteride oral tablet 5 mg</i>                         | Tier 1      |   |
| <b>ANTIDOTES</b>  |             |   |
| <i>naloxone injection solution</i>                          | Tier 1      | QL (2 ML per 30 days)                             |
| <i>naloxone injection syringe 1 mg/ml</i>                   | Tier 1      |   |
| <i>naloxone nasal</i>                                       | Tier 0      | QL (2 EA per 30 days)                             |
| NARCAN  | Tier 2      | QL (2 EA per 30 days)                             |
| <i>sevelamer carbonate oral tablet</i>                      | Tier 1      | PA; QL (270 EA per 30 days)                       |
| <i>sevelamer hcl oral tablet 400 mg</i>                     | Tier 1      | PA; QL (90 EA per 30 days)                        |
| <i>sodium polystyrene sulfonate</i>                         | Tier 1      |   |
| SPS (WITH SORBITOL)   | Tier 1      |   |
| <b>ANTIGOUT AGENTS</b>                                      |             |   |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>               | Tier 1      |   |
| <i>colchicine oral tablet</i>                               | Tier 1      | QL (1 EA per 1 day)                               |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| <i>febuxostat</i>   | Tier 1      | ST                         |
| <i>indomethacin oral capsule</i>  | Tier 1      |                            |
| <i>probenecid</i>   | Tier 1      |                            |
| <i>probenecid-colchicine</i>  | Tier 1      | ST                         |
| <b>BONE ANABOLIC AGENTS</b>   |             |                            |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i> | Tier 4      | PA; QL (1 ML per 28 days)  |
| <b>BONE RESORPTION INHIBITORS</b>   |             |                            |
| <i>alendronate oral tablet 10 mg, 5 mg</i>                                | Tier 1      | QL (30 EA per 30 days)     |
| <i>alendronate oral tablet 35 mg, 70 mg</i>                               | Tier 1      | QL (4 EA per 30 days)      |
| <i>calcitonin (salmon) nasal</i>  | Tier 1      |                            |
| <i>ibandronate oral</i>   | Tier 1      | QL (1 EA per 28 days)      |
| <i>raloxifene</i>   | Tier 0      |                            |
| <i>risedronate oral tablet 150 mg</i>                                     | Tier 1      | QL (1 EA per 28 days)      |
| <i>risedronate oral tablet 30 mg, 5 mg</i>                                | Tier 1      | QL (30 EA per 30 days)     |
| <i>risedronate oral tablet 35 mg</i>                                      | Tier 1      | QL (4 EA per 30 days)      |
| <i>risedronate oral tablet, delayed release (drlec)</i>                   | Tier 1      | QL (4 EA per 30 days)      |
| <b>CARIOSTATIC AGENTS</b>   |             |                            |
| DENTA 5000 PLUS   | Tier 1      |                            |
| <i>fluoride (sodium) dental cream</i>                                     | Tier 1      |                            |
| <i>fluoride (sodium) dental gel</i>                                       | Tier 1      |                            |
| <i>fluoride (sodium) dental paste</i>                                     | Tier 1      |                            |
| <i>fluoride (sodium) oral</i>   | Tier 0      |                            |
| LUDENT FLUORIDE   | Tier 0      |                            |
| MULTI-VIT WITH FLUORIDE-IRON  | Tier 1      |                            |
| MULTI-VITAMIN WITH FLUORIDE   | Tier 0      |                            |
| MVC-FLUORIDE  | Tier 0      |                            |
| SF  | Tier 1      |                            |
| SF 5000 PLUS  | Tier 1      |                            |
| SODIUM FLUORIDE 5000 DRY MOUTH  | Tier 1      |                            |
| SODIUM FLUORIDE 5000 PLUS   | Tier 1      |                            |
| TRI-VITAMIN WITH FLUORIDE   | Tier 0      |                            |
| TRI-VITE WITH FLUORIDE  | Tier 0      |                            |
| VITAMINS A,C,D AND FLUORIDE   | Tier 0      |                            |
| <b>DISEASE-MODIFYING ANTIRHEUMATIC AGENTS</b>                             |             |                            |
| <i>cyclosporine modified</i>  | Tier 1      |                            |
| <i>cyclosporine oral</i>  | Tier 1      |                            |
| GENGRAF   | Tier 1      |                            |



| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| <i>hydroxychloroquine</i>  | Tier 1      |                            |
| <b>IMMUNOMODULATORY AGENTS</b>   |             |                            |
| <i>cyclosporine modified</i>   | Tier 1      |                            |
| <i>cyclosporine oral</i>   | Tier 1      |                            |
| GENGRAF  | Tier 1      |                            |
| <i>hydroxychloroquine</i>  | Tier 1      |                            |
| <i>leflunomide</i>   | Tier 1      | QL (30 EA per 30 days)     |
| <i>lenalidomide</i>  | Tier 4      | PA; QL (30 EA per 30 days) |
| OTEZLA   | Tier 4      | PA; QL (60 EA per 30 days) |
| POMALYST   | Tier 4      | PA                         |
| REVLIMID   | Tier 4      | PA; QL (30 EA per 30 days) |
| THALOMID   | Tier 4      | PA; QL (30 EA per 30 days) |
| <b>IMMUNOSUPPRESSIVE AGENTS</b>  |             |                            |
| <i>cyclosporine modified</i>   | Tier 1      |                            |
| <i>cyclosporine oral</i>   | Tier 1      |                            |
| <i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i> | Tier 1      |                            |
| GENGRAF  | Tier 1      |                            |
| <i>tacrolimus oral</i>   | Tier 1      |                            |
| <b>OTHER MISCELLANEOUS THERAPEUTIC AGENTS</b>                              |             |                            |
| <i>acetylcysteine</i>  | Tier 1      |                            |
| CRYOSERV   | Tier 1      |                            |
| CYSTAGON   | Tier 4      | PA                         |
| <i>dalfampridine</i>   | Tier 4      | PA; QL (60 EA per 30 days) |
| EVOTAZ   | Tier 2      | QL (1 EA per 1 day)        |
| PREZCOBIX  | Tier 2      | QL (1 EA per 1 day)        |
| SYMTUZA  | Tier 2      | QL (1 EA per 1 day)        |
| <b>NONHORMONAL CONTRACEPTIVES</b>  |             |                            |
| <b>NONHORMONAL CONTRACEPTIVES</b>  |             |                            |
| AIMSCO LATEX CONDOM  | Tier 0      | QL (24 EA per 30 days)     |
| CAYA CONTOURED   | Tier 0      | QL (1 EA per 365 days)     |
| DUREX AVANTI BARE REAL FEEL  | Tier 0      | QL (24 EA per 30 days)     |
| FANTASY CONDOM   | Tier 0      | QL (24 EA per 30 days)     |
| FC2 FEMALE CONDOM  | Tier 0      | QL (24 EA per 30 days)     |
| FEMCAP   | Tier 0      | QL (1 EA per 365 days)     |
| KIMONO MICROTHIN AQUA LUBE CON   | Tier 0      | QL (24 EA per 30 days)     |
| KIMONO MICROTHIN CONDOMS   | Tier 0      | QL (24 EA per 30 days)     |
| KIMONO MICROTHIN LARGE CONDOMS   | Tier 0      | QL (24 EA per 30 days)     |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| KIMONO TEXTURED CONDOMS  | Tier 0      | QL (24 EA per 30 days)     |
| TRUSTEX LATEX CONDOM   | Tier 0      | QL (24 EA per 30 days)     |
| TRUSTEX LUBRICATED CONDOMS   | Tier 0      | QL (24 EA per 30 days)     |
| TRUSTEX NON-LUB CONDOMS  | Tier 0      | QL (24 EA per 30 days)     |
| TRUSTEX-RIA LUB/SPERMICIDE   | Tier 0      | QL (24 EA per 30 days)     |
| TRUSTEX-RIA LUBRICATED CONDOMS   | Tier 0      | QL (24 EA per 30 days)     |
| TRUSTEX-RIA NON-LUB CONDOMS  | Tier 0      | QL (24 EA per 30 days)     |
| VAGINAL CONTRACEPTIVE FILM   | Tier 2      |                            |
| VCF CONTRACEPTIVE FILM   | Tier 2      |                            |
| VCF CONTRACEPTIVE GEL  | Tier 2      |                            |
| WIDE-SEAL DIAPHRAGM 60   | Tier 0      | QL (2 EA per 365 days)     |
| WIDE-SEAL DIAPHRAGM 65   | Tier 0      | QL (2 EA per 365 days)     |
| WIDE-SEAL DIAPHRAGM 70   | Tier 0      | QL (2 EA per 365 days)     |
| WIDE-SEAL DIAPHRAGM 75   | Tier 0      | QL (2 EA per 365 days)     |
| WIDE-SEAL DIAPHRAGM 80   | Tier 0      | QL (2 EA per 365 days)     |
| WIDE-SEAL DIAPHRAGM 85   | Tier 0      | QL (2 EA per 365 days)     |
| WIDE-SEAL DIAPHRAGM 90   | Tier 0      | QL (2 EA per 365 days)     |
| WIDE-SEAL DIAPHRAGM 95   | Tier 0      | QL (2 EA per 365 days)     |
| <b>OXYTOCICS</b>   |             |                            |
| <b>OXYTOCICS</b>   |             |                            |
| <i>methylergonovine oral</i>   | Tier 1      | QL (240 EA per 30 days)    |
| <b>PHARMACEUTICAL AIDS</b>   |             |                            |
| <b>PHARMACEUTICAL AIDS</b>   |             |                            |
| <i>hydroxypropyl cellulose</i>   | Tier 2      |                            |
| <i>hypromellose</i>  | Tier 2      |                            |
| <b>RESPIRATORY TRACT AGENTS</b>  |             |                            |
| <b>ALPHA AND BETA ADRENERGIC AGONIST(RESPR)</b>                          |             |                            |
| <i>brompheniramine-pseudoeph-dm</i>                                      | Tier 1      |                            |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>               | Tier 2      | QL (2 EA per 30 days)      |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | Tier 1      | QL (2 EA per 30 days)      |
| GUAIFENESIN DAC  | Tier 1      |                            |
| <b>ANTICHOLINERGIC AGENTS (RESPIR. TRACT)</b>                            |             |                            |
| ATROVENT HFA   | Tier 2      | QL (26 GM per 30 days)     |
| COMBIVENT RESPIMAT   | Tier 2      | QL (8 GM per 30 days)      |
| <i>ipratropium bromide inhalation</i>                                    | Tier 1      | QL (10 ML per 1 day)       |
| <i>ipratropium-albuterol</i>   | Tier 1      | QL (540 ML per 30 days)    |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b>  |
|---|-------------|-----------------------------|
| SPIRIVA RESPIMAT  | Tier 2      | QL (4 GM per 30 days)       |
| STIOLTO RESPIMAT  | Tier 2      | QL (4 GM per 30 days)       |
| TRELEGY ELLIPTA   | Tier 2      | QL (60 EA per 30 days)      |
| <b>ANTIFIBROTIC AGENTS</b>                                    |             |                             |
| OFEV  | Tier 4      | PA; QL (60 EA per 30 days)  |
| <b>ANTITUSSIVES</b>   |             |                             |
| <i>benzonatate oral capsule 100 mg, 200 mg</i>                | Tier 1      | QL (4 EA per 1 day)         |
| <i>benzonatate oral capsule 150 mg</i>                        | Tier 1      |                             |
| <i>brompheniramine-pseudoeph-dm</i>                           | Tier 1      |                             |
| <i>codeine sulfate</i>  | Tier 1      | PA                          |
| G TUSSIN AC   | Tier 1      |                             |
| GUAIFENESIN AC  | Tier 1      |                             |
| GUAIFENESIN DAC   | Tier 1      |                             |
| <i>hydrocodone-chlorpheniramine</i>                           | Tier 1      |                             |
| HYDROMET  | Tier 1      | QL (4 ML per 1 day)         |
| MAXI-TUSS AC  | Tier 1      |                             |
| <i>promethazine-codeine</i>                                   | Tier 1      |                             |
| <i>promethazine-dm</i>  | Tier 1      |                             |
| RYDEX   | Tier 1      |                             |
| VIRTUSSIN AC  | Tier 1      |                             |
| <b>CYSTIC FIBROSIS (CFTR) CORRECTORS</b>                      |             |                             |
| ORKAMBI ORAL GRANULES IN PACKET                               | Tier 4      | PA; QL (56 EA per 28 days)  |
| ORKAMBI ORAL TABLET   | Tier 4      | PA; QL (112 EA per 28 days) |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N) | Tier 4      | PA; QL (84 EA per 30 days)  |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N) | Tier 4      | PA                          |
| <b>CYSTIC FIBROSIS (CFTR) POTENTIATORS</b>                    |             |                             |
| KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG          | Tier 4      | PA; QL (56 EA per 30 days)  |
| KALYDECO ORAL TABLET  | Tier 4      | PA; QL (60 EA per 30 days)  |
| ORKAMBI ORAL GRANULES IN PACKET                               | Tier 4      | PA; QL (56 EA per 28 days)  |
| ORKAMBI ORAL TABLET   | Tier 4      | PA; QL (112 EA per 28 days) |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N) | Tier 4      | PA; QL (84 EA per 30 days)  |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N) | Tier 4      | PA                          |
| <b>EXPECTORANTS</b>   |             |                             |
| G TUSSIN AC   | Tier 1      |                             |
| GUAIFENESIN AC  | Tier 1      |                             |

| <b>Drug Name</b>                                | <b>Tier</b> | <b>Restrictions/Limits</b>  |
|---|-------------|-----------------------------|
| GUAIFENESIN DAC                                 | Tier 1      |                             |
| MAXI-TUSS AC                                    | Tier 1      |                             |
| <i>potassium iodide oral solution</i>           | Tier 1      |                             |
| SSKI  | Tier 2      |                             |
| VIRTUSSIN AC                                    | Tier 1      |                             |
| <b>FIRST GENERATION ANTIHIST.(RESPIR TRACT)</b> |             |                             |
| <i>brompheniramine-pseudoeph-dm</i>             | Tier 1      |                             |
| <i>carbinoxamine maleate oral liquid</i>        | Tier 1      |                             |
| <i>carbinoxamine maleate oral tablet 4 mg</i>   | Tier 1      |                             |
| <i>carbinoxamine maleate oral tablet 6 mg</i>   | Tier 1      | ST                          |
| <i>clemastine oral tablet</i>                   | Tier 1      |                             |
| <i>cyproheptadine</i>                           | Tier 1      |                             |
| <i>dexchlorpheniramine maleate</i>              | Tier 1      |                             |
| <i>diphenhydramine hcl oral capsule 50 mg</i>   | Tier 1      |                             |
| <i>diphenhydramine hcl oral elixir</i>          | Tier 1      |                             |
| <i>doxylamine-pyridoxine (vit b6)</i>           | Tier 1      | PA; QL (120 EA per 30 days) |
| <i>hydrocodone-chlorpheniramine</i>             | Tier 1      |                             |
| <i>promethazine oral</i>                        | Tier 1      |                             |
| PROMETHAZINE VC                                 | Tier 1      |                             |
| <i>promethazine-codeine</i>                     | Tier 1      |                             |
| <i>promethazine-dm</i>                          | Tier 1      |                             |
| RYDEX   | Tier 1      |                             |
| <b>LEUKOTRIENE MODIFIERS</b>                    |             |                             |
| <i>montelukast</i>                              | Tier 1      |                             |
| <i>zafirlukast</i>                              | Tier 1      | ST                          |
| <i>zileuton</i>                                 | Tier 1      | ST                          |
| <b>MAST-CELL STABILIZERS</b>                    |             |                             |
| <i>cromolyn inhalation</i>                      | Tier 1      | QL (8 ML per 1 day)         |
| <i>cromolyn ophthalmic (eye)</i>                | Tier 1      |                             |
| <i>cromolyn oral</i>                            | Tier 1      | PA                          |
| <b>MUCOLYTIC AGENTS</b>                         |             |                             |
| <i>acetylcysteine</i>                           | Tier 1      |                             |
| PULMOZYME                                       | Tier 4      | PA; QL (2.5 ML per 1 day)   |
| <b>NASAL PREPARATIONS (STEROIDS)</b>            |             |                             |
| <i>azelastine-fluticasone</i>                   | Tier 1      | ST; QL (23 GM per 30 days)  |
| <i>flunisolide</i>                              | Tier 1      | ST; QL (50 ML per 30 days)  |
| <i>fluticasone propionate nasal</i>             | Tier 1      | QL (16 GM per 30 days)      |
| <i>mometasone nasal</i>                         | Tier 1      | ST; QL (17 GM per 30 days)  |

| Drug Name  | Tier   | Restrictions/Limits        |
|--|--------|----------------------------|
| <b>ORALLY INHALED PREPARATIONS (STEROIDS)</b>  |        |                            |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION                             | Tier 3 | QL (13 GM per 30 days)     |
| ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION                              | Tier 3 | QL (7 GM per 30 days)      |
| ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION | Tier 2 | QL (1 EA per 30 days)      |
| ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION                     | Tier 2 | QL (30 EA per 30 days)     |
| ASMANEX HFA  | Tier 2 | QL (13 GM per 30 days)     |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>   | Tier 1 | QL (120 ML per 30 days)    |
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>                   | Tier 1 | QL (60 ML per 30 days)     |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>       | Tier 1 | QL (12 GM per 30 days)     |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>       | Tier 1 | QL (24 GM per 30 days)     |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>        | Tier 1 | QL (11 GM per 30 days)     |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION              | Tier 2 | QL (11 GM per 30 days)     |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION              | Tier 2 | QL (22 GM per 30 days)     |
| TRELEGY ELLIPTA  | Tier 2 | QL (60 EA per 30 days)     |
| <b>PHOSPHODIESTERASE TYPE 4 INHIBITORS</b>   |        |                            |
| <i>roflumilast oral tablet 250 mcg</i>   | Tier 1 | PA; QL (1 EA per 1 day)    |
| <i>roflumilast oral tablet 500 mcg</i>   | Tier 1 | PA; QL (1 EA per 1 Day)    |
| <b>PHOSPHODIESTERASE-5 INHIBITORS (RESPIR)</b>                                       |        |                            |
| <i>sildenafil (pulm.hypertension) oral tablet</i>                                    | Tier 4 | PA; QL (90 EA per 30 days) |
| <b>SECOND GENERATION ANTIHIST(RESPIR TRACT)</b>                                      |        |                            |
| <i>azelastine-fluticasone</i>  | Tier 1 | ST; QL (23 GM per 30 days) |
| <i>cetirizine oral solution 1 mg/ml</i>  | Tier 1 |                            |
| <i>desloratadine oral tablet</i>   | Tier 1 | ST; QL (30 EA per 30 days) |
| <i>levocetirizine oral solution</i>  | Tier 1 |                            |
| <i>levocetirizine oral tablet</i>  | Tier 1 | QL (30 EA per 30 days)     |

| Drug Name  | Tier   | Restrictions/Limits        |
|--|--------|----------------------------|
| <b>SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR)</b>  |        |                            |
| <i>albuterol sulfate inhalation hfa aerosol inhaler</i>  | Tier 1 | QL (17 GM per 30 days)     |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i> | Tier 1 | QL (375 ML per 30 days)    |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>                                      | Tier 1 | QL (2 EA per 1 day)        |
| <i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>  | Tier 1 | QL (2 ML per 1 day)        |
| <i>albuterol sulfate oral</i>  | Tier 1 |                            |
| COMBIVENT RESPIMAT   | Tier 2 | QL (8 GM per 30 days)      |
| <i>formoterol fumarate</i>   | Tier 1 | QL (120 ML per 30 days)    |
| <i>ipratropium-albuterol</i>   | Tier 1 | QL (540 ML per 30 days)    |
| <i>levalbuterol tartrate</i>   | Tier 2 | QL (30 GM per 30 days)     |
| SEREVENT DISKUS  | Tier 2 | QL (60 EA per 30 days)     |
| STIOLTO RESPIMAT   | Tier 2 | QL (4 GM per 30 days)      |
| STRIVERDI RESPIMAT   | Tier 2 | QL (4 GM per 30 days)      |
| <i>terbutaline oral</i>  | Tier 1 |                            |
| TRELEGY ELLIPTA  | Tier 2 | QL (60 EA per 30 days)     |
| <b>VASODILATING AGENTS (RESPIRATORY TRACT)</b>   |        |                            |
| ADCIRCA  | Tier 4 | PA; QL (2 EA per 1 day)    |
| ADEMPAS  | Tier 4 | PA; QL (3 EA per 1 day)    |
| <i>ambrisentan</i>   | Tier 4 | PA; QL (30 EA per 30 days) |
| <i>bosentan</i>  | Tier 4 | PA; QL (2 EA per 1 day)    |
| ORENITRAM  | Tier 4 | PA                         |
| <i>sildenafil (pulm.hypertension) oral tablet</i>  | Tier 4 | PA; QL (90 EA per 30 days) |
| <b>XANTHINE DERIVATIVES</b>  |        |                            |
| ELIXOPHYLLIN   | Tier 2 |                            |
| THEO-24  | Tier 2 |                            |
| <i>theophylline oral elixir</i>  | Tier 1 |                            |
| <i>theophylline oral solution</i>  | Tier 1 |                            |
| <i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>  | Tier 1 |                            |
| <i>theophylline oral tablet extended release 24 hr</i>   | Tier 1 |                            |
| <b>SKIN AND MUCOUS MEMBRANE AGENTS</b>   |        |                            |
| <b>ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)</b>  |        |                            |
| <i>naftifine topical cream</i>   | Tier 1 | PA; QL (60 GM per 30 days) |

| Drug Name   | Tier   | Restrictions/Limits        |
|---|--------|----------------------------|
| <b>ANTIBACTERIALS (84:04)</b>                                   |        |                            |
| ALTABAX   | Tier 3 | ST; QL (30 GM per 30 days) |
| CABTREO   | Tier 3 |                            |
| CLEOCIN VAGINAL SUPPOSITORY                                     | Tier 2 |                            |
| CLINDACIN ETZ TOPICAL SWAB                                      | Tier 1 |                            |
| <i>clindamycin phosphate topical gel</i>                        | Tier 1 | QL (120 GM per 30 days)    |
| <i>clindamycin phosphate topical gel, once daily</i>            | Tier 1 | QL (150 ML per 30 days)    |
| <i>clindamycin phosphate topical lotion</i>                     | Tier 1 | QL (120 ML per 30 days)    |
| <i>clindamycin phosphate topical solution</i>                   | Tier 1 | QL (120 ML per 30 days)    |
| <i>clindamycin phosphate vaginal</i>                            | Tier 1 |                            |
| <i>clindamycin-benzoyl peroxide topical gel</i>                 | Tier 1 |                            |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i> | Tier 1 |                            |
| <i>clindamycin-tretinoin</i>                                    | Tier 1 |                            |
| <i>dapsone topical gel</i>                                      | Tier 1 |                            |
| ERY PADS  | Tier 1 |                            |
| <i>erythromycin with ethanol</i>                                | Tier 1 |                            |
| <i>erythromycin-benzoyl peroxide</i>                            | Tier 1 |                            |
| <i>gentamicin topical</i>                                       | Tier 1 | QL (60 GM per 30 days)     |
| <i>mupirocin</i>  | Tier 1 | QL (44 GM per 30 days)     |
| XEPI  | Tier 2 | ST; QL (30 GM per 30 days) |
| <b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>                      |        |                            |
| DERMACINRX PRIZOPAK   | Tier 1 |                            |
| <i>doxepin topical</i>  | Tier 1 | ST; QL (45 GM per 30 days) |
| <i>lidocaine hcl laryngotracheal</i>                            | Tier 1 |                            |
| <i>lidocaine hcl topical cream 3 %</i>                          | Tier 1 | QL (30 GM per 30 days)     |
| <i>lidocaine topical adhesive patch,medicated 5 %</i>           | Tier 1 | PA; QL (1 EA per 1 day)    |
| <i>lidocaine-prilocaine topical cream</i>                       | Tier 1 | QL (30 GM per 30 days)     |
| <i>lidocaine-prilocaine topical kit</i>                         | Tier 1 |                            |
| LIDOPIN TOPICAL CREAM 3 %                                       | Tier 1 | QL (30 GM per 30 days)     |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i>               | Tier 1 |                            |
| <b>ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)</b>                    |        |                            |
| <i>acyclovir topical ointment</i>                               | Tier 1 | ST; QL (30 GM per 30 days) |
| <i>penciclovir</i>  | Tier 1 | ST; QL (5 GM per 30 days)  |
| <b>AZOLES (SKIN AND MUCOUS MEMBRANE)</b>                        |        |                            |
| <i>clotrimazole mucous membrane</i>                             | Tier 1 |                            |
| <i>clotrimazole topical cream</i>                               | Tier 1 | QL (45 GM per 30 days)     |
| <i>clotrimazole-betamethasone topical cream</i>                 | Tier 1 | QL (45 GM per 30 days)     |

| <b>Drug Name</b>                                   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| <i>econazole</i>                                   | Tier 1      | QL (85 GM per 30 days)     |
| ERTACZO  | Tier 2      | QL (60 GM per 30 days)     |
| GYNAZOLE-1   | Tier 3      |                            |
| <i>ketoconazole topical cream</i>                  | Tier 1      | QL (60 GM per 30 days)     |
| <i>ketoconazole topical shampoo</i>                | Tier 1      | QL (120 ML per 30 days)    |
| <i>luliconazole</i>                                | Tier 2      | PA; QL (60 GM per 30 days) |
| <i>oxiconazole</i>                                 | Tier 1      | PA; QL (60 GM per 30 days) |
| <i>sulconazole</i>                                 | Tier 2      | PA; QL (60 GM per 30 days) |
| <i>terconazole</i>                                 | Tier 1      |                            |
| <b>BASIC LOTIONS AND LINIMENTS</b>                 |             |                            |
| <i>ammonium lactate topical lotion</i>             | Tier 1      |                            |
| <b>BASIC OILS AND OTHER SOLVENTS</b>               |             |                            |
| MURI-LUBE  | Tier 2      |                            |
| <b>BASIC OINTMENTS AND PROTECTANTS</b>             |             |                            |
| <i>ammonium lactate topical cream</i>              | Tier 1      |                            |
| <i>zinc oxide topical ointment 20 %</i>            | Tier 1      |                            |
| <i>zinc oxide topical paste</i>                    | Tier 2      |                            |
| <b>BENZYLAMINES (SKIN AND MUCOUS MEMBRANE)</b>     |             |                            |
| MENTAX   | Tier 2      | ST; QL (30 GM per 30 days) |
| <b>CELL STIMULANTS AND PROLIFERANTS</b>            |             |                            |
| AVITA TOPICAL CREAM                                | Tier 1      | QL (45 GM per 30 days)     |
| AVITA TOPICAL GEL                                  | Tier 2      | QL (45 GM per 30 days)     |
| <i>clindamycin-tretinoin</i>                       | Tier 1      |                            |
| <i>tretinoin</i>                                   | Tier 1      | QL (45 GM per 30 days)     |
| <i>tretinoin (emollient)</i>                       | Tier 1      |                            |
| <b>CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)</b>     |             |                            |
| ALA-CORT   | Tier 1      | QL (28.35 GM per 30 days)  |
| <i>alclometasone</i>                               | Tier 1      | QL (2 GM per 1 day)        |
| BESER  | Tier 1      | ST; QL (4 ML per 1 day)    |
| <i>betamethasone dipropionate topical cream</i>    | Tier 1      | QL (45 GM per 30 days)     |
| <i>betamethasone dipropionate topical lotion</i>   | Tier 1      | QL (2 ML per 1 day)        |
| <i>betamethasone dipropionate topical ointment</i> | Tier 1      | ST; QL (45 GM per 30 days) |
| <i>betamethasone valerate topical cream</i>        | Tier 1      | QL (45 GM per 30 days)     |
| <i>betamethasone valerate topical lotion</i>       | Tier 1      | QL (2 ML per 1 day)        |
| <i>betamethasone valerate topical ointment</i>     | Tier 1      | QL (45 GM per 30 days)     |
| <i>betamethasone, augmented topical cream</i>      | Tier 1      | QL (50 GM per 30 days)     |
| <i>betamethasone, augmented topical lotion</i>     | Tier 1      | QL (2 ML per 1 day)        |



| <b>Drug Name</b>                                       | <b>Tier</b> | <b>Restrictions/Limits</b>  |
|--|-------------|-----------------------------|
| <i>betamethasone, augmented topical ointment</i>       | Tier 1      | QL (45 GM per 30 days)      |
| <i>clobetasol scalp</i>                                | Tier 1      | ST; QL (100 ML per 30 days) |
| <i>clobetasol topical cream</i>                        | Tier 1      | ST; QL (120 GM per 30 days) |
| <i>clobetasol topical gel</i>                          | Tier 1      | ST; QL (120 GM per 30 days) |
| <i>clobetasol topical ointment</i>                     | Tier 1      | QL (120 GM per 30 days)     |
| <i>clobetasol topical shampoo</i>                      | Tier 1      | ST; QL (236 ML per 30 days) |
| <i>clobetasol-emollient topical cream</i>              | Tier 1      | QL (120 GM per 30 days)     |
| CLODAN   | Tier 1      | ST; QL (236 ML per 30 days) |
| <i>clotrimazole-betamethasone topical cream</i>        | Tier 1      | QL (45 GM per 30 days)      |
| CORTIFOAM  | Tier 2      |                             |
| <i>desonide topical cream</i>                          | Tier 1      | QL (2 GM per 1 day)         |
| <i>desonide topical ointment</i>                       | Tier 1      | QL (2 GM per 1 day)         |
| <i>desoximetasone topical cream 0.05 %</i>             | Tier 1      | ST                          |
| <i>desoximetasone topical cream 0.25 %</i>             | Tier 1      | ST; QL (2 GM per 1 day)     |
| <i>desoximetasone topical gel</i>                      | Tier 1      | ST                          |
| <i>desoximetasone topical ointment</i>                 | Tier 1      | ST                          |
| <i>desoximetasone topical spray,non-aerosol</i>        | Tier 1      | ST                          |
| <i>diflorasone</i>                                     | Tier 1      | ST; QL (120 GM per 30 days) |
| <i>fluocinolone and shower cap</i>                     | Tier 1      | QL (1 ML per 30 days)       |
| <i>fluocinolone topical cream 0.01 %</i>               | Tier 1      | QL (120 GM per 30 days)     |
| <i>fluocinolone topical cream 0.025 %</i>              | Tier 1      | QL (2 GM per 1 day)         |
| <i>fluocinolone topical oil</i>                        | Tier 1      | QL (120 ML per 30 days)     |
| <i>fluocinolone topical ointment</i>                   | Tier 1      | QL (2 GM per 1 day)         |
| <i>fluocinolone topical solution</i>                   | Tier 1      | QL (120 ML per 30 days)     |
| <i>fluocinonide topical cream 0.05 %</i>               | Tier 1      | ST; QL (120 GM per 30 days) |
| <i>fluocinonide topical gel</i>                        | Tier 1      | ST; QL (120 GM per 30 days) |
| <i>fluocinonide topical ointment</i>                   | Tier 1      | ST; QL (120 GM per 30 days) |
| <i>fluocinonide topical solution</i>                   | Tier 1      | QL (120 ML per 30 days)     |
| FLUOCINONIDE-E   | Tier 1      | QL (120 GM per 30 days)     |
| <i>fluocinonide-emollient</i>                          | Tier 1      | QL (120 GM per 30 days)     |
| <i>flurandrenolide topical cream</i>                   | Tier 1      | ST; QL (120 GM per 30 days) |
| <i>flurandrenolide topical lotion</i>                  | Tier 1      | ST; QL (120 ML per 30 days) |
| <i>fluticasone propionate topical cream</i>            | Tier 1      | QL (2 GM per 1 day)         |
| <i>fluticasone propionate topical lotion</i>           | Tier 1      | ST; QL (4 ML per 1 day)     |
| <i>fluticasone propionate topical ointment</i>         | Tier 1      | QL (2 GM per 1 day)         |
| <i>halcinonide</i>                                     | Tier 1      | ST                          |
| <i>halobetasol propionate topical cream</i>            | Tier 1      | ST                          |
| <i>halobetasol propionate topical foam</i>             | Tier 2      | ST                          |
| <i>hydrocortisone acetate rectal suppository 25 mg</i> | Tier 1      |                             |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b>  |
|---|-------------|-----------------------------|
| <i>hydrocortisone butyrate topical cream</i>                            | Tier 1      | QL (120 GM per 30 days)     |
| <i>hydrocortisone butyrate topical ointment</i>                         | Tier 1      | ST; QL (45 GM per 30 days)  |
| <i>hydrocortisone butyrate topical solution</i>                         | Tier 1      | ST; QL (120 ML per 30 days) |
| <i>hydrocortisone rectal</i>  | Tier 1      |                             |
| <i>hydrocortisone topical cream 1 %</i>                                 | Tier 1      | QL (28.35 GM per 30 days)   |
| <i>hydrocortisone topical cream 2.5 %</i>                               | Tier 1      | QL (1 GM per 1 day)         |
| <i>hydrocortisone topical cream with perineal applicator</i>            | Tier 1      |                             |
| <i>hydrocortisone topical lotion 2.5 %</i>                              | Tier 1      | QL (118 ML per 30 days)     |
| <i>hydrocortisone topical ointment 1 %</i>                              | Tier 1      |                             |
| <i>hydrocortisone topical ointment 2.5 %</i>                            | Tier 1      | QL (28.35 GM per 30 days)   |
| <i>hydrocortisone valerate topical cream</i>                            | Tier 1      | QL (2 GM per 1 day)         |
| <i>mometasone topical cream</i>   | Tier 1      | QL (45 GM per 30 days)      |
| <i>mometasone topical ointment</i>                                      | Tier 1      | QL (45 GM per 30 days)      |
| <i>mometasone topical solution</i>                                      | Tier 1      | QL (2 ML per 1 day)         |
| ORALONE   | Tier 1      |                             |
| <i>prednicarbate topical cream</i>                                      | Tier 1      | QL (2 GM per 1 day)         |
| <i>prednicarbate topical ointment</i>                                   | Tier 1      |                             |
| PROCTO-MED HC   | Tier 1      |                             |
| PROCTOSOL HC  | Tier 1      |                             |
| PROCTOZONE-HC   | Tier 1      |                             |
| <i>triamcinolone acetonide dental</i>                                   | Tier 1      |                             |
| <i>triamcinolone acetonide topical cream</i>                            | Tier 1      | QL (454 GM per 30 days)     |
| <i>triamcinolone acetonide topical lotion</i>                           | Tier 1      | QL (2 ML per 1 day)         |
| <i>triamcinolone acetonide topical ointment 0.025 % , 0.1 % , 0.5 %</i> | Tier 1      | QL (454 GM per 30 days)     |
| <i>triamcinolone acetonide topical ointment 0.05 %</i>                  | Tier 1      | ST                          |
| TRIDERM TOPICAL CREAM 0.5 %   | Tier 1      | ST; QL (454 GM per 30 days) |
| <b>HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)</b>                         |             |                             |
| CICLODAN KIT TOPICAL COMBO PACK   | Tier 2      |                             |
| CICLODAN KIT TOPICAL SOLUTION   | Tier 2      | ST                          |
| CICLODAN TOPICAL CREAM  | Tier 1      | QL (90 GM per 30 days)      |
| CICLODAN TOPICAL SOLUTION   | Tier 1      | QL (6.6 ML per 30 days)     |
| <i>ciclopirox topical cream</i>   | Tier 1      | QL (90 GM per 30 days)      |
| <i>ciclopirox topical gel</i>   | Tier 1      | QL (45 GM per 30 days)      |
| <i>ciclopirox topical shampoo</i>                                       | Tier 1      | QL (120 ML per 30 days)     |
| <i>ciclopirox topical solution</i>                                      | Tier 1      | QL (6.6 ML per 30 days)     |
| <i>ciclopirox topical suspension</i>                                    | Tier 1      | QL (60 ML per 30 days)      |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Restrictions/Limits</b> |
|--|-------------|----------------------------|
| <i>ciclopirox-ure-camph-menth-euc</i>  | Tier 1      |                            |
| <b>IMMUNOMODULATORY AGENT(S)</b>   |             |                            |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR  | Tier 4      | PA; QL (1 ML per 84 days)  |
| SKYRIZI SUBCUTANEOUS SYRINGE   | Tier 4      | PA; QL (1 ML per 84 days)  |
| <i>tacrolimus topical</i>  | Tier 1      | QL (100 GM per 30 Days)    |
| <b>KERATOLYTIC AGENTS</b>  |             |                            |
| AVAR   | Tier 1      | QL (341 GM per 30 days)    |
| AVAR-E   | Tier 2      | ST                         |
| AVAR-E GREEN   | Tier 2      | ST                         |
| AVAR-E LS  | Tier 2      | ST; QL (57 GM per 30 days) |
| BPO TOPICAL GEL  | Tier 1      |                            |
| CICLODAN KIT TOPICAL SOLUTION  | Tier 2      | ST                         |
| <i>ciclopirox-ure-camph-menth-euc</i>  | Tier 1      |                            |
| <i>clindamycin-benzoyl peroxide topical gel</i>                              | Tier 1      |                            |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>              | Tier 1      |                            |
| <i>salicylic acid topical cream</i>  | Tier 1      | QL (454 GM per 30 days)    |
| <i>salicylic acid topical cream,extended release</i>                         | Tier 1      | QL (454 GM per 30 days)    |
| <i>salicylic acid topical lotion</i>   | Tier 1      | QL (473 ML per 30 days)    |
| <i>salicylic acid topical lotion,extended release</i>                        | Tier 1      | QL (473 GM per 30 days)    |
| <i>salicylic acid topical shampoo</i>  | Tier 1      | QL (177 ML per 30 days)    |
| <i>salicylic acid-ceramides no.1</i>   | Tier 1      |                            |
| SALIMEZ  | Tier 1      | QL (454 GM per 30 days)    |
| SSS 10-5 TOPICAL CREAM   | Tier 1      |                            |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>             | Tier 1      | QL (341 GM per 30 days)    |
| <i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>                    | Tier 1      |                            |
| <i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>                      | Tier 1      | QL (57 GM per 30 days)     |
| <i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>                | Tier 1      |                            |
| <i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i> | Tier 1      |                            |
| <i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>            | Tier 1      |                            |
| <i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>          | Tier 1      |                            |
| <i>sulfacetamide sod-sulfur-urea</i>   | Tier 1      |                            |
| SULFACLEANSE 8-4   | Tier 1      | ST                         |

| Drug Name  | Tier   | Restrictions/Limits        |
|--|--------|----------------------------|
| <b>LOCAL ANTI-INFECTIVES, MISCELLANEOUS</b>                                  |        |                            |
| ALCOHOL PADS   | Tier 1 |                            |
| ALCOHOL PREP PADS  | Tier 1 |                            |
| <i>alcohol swabs</i>   | Tier 1 |                            |
| ALCOHOL WIPES  | Tier 1 |                            |
| AVAR   | Tier 1 | QL (341 GM per 30 days)    |
| AVAR-E   | Tier 2 | ST                         |
| AVAR-E GREEN   | Tier 2 | ST                         |
| AVAR-E LS  | Tier 2 | ST; QL (57 GM per 30 days) |
| BD ALCOHOL SWABS   | Tier 2 |                            |
| CARETOUCH ALCOHOL PREP PAD   | Tier 2 |                            |
| CURITY ALCOHOL SWABS   | Tier 2 |                            |
| DROPSAFE ALCOHOL PREP PADS   | Tier 2 |                            |
| DY-O-DERM  | Tier 1 |                            |
| EASY COMFORT ALCOHOL PAD   | Tier 2 |                            |
| EASY TOUCH ALCOHOL PREP PADS   | Tier 2 |                            |
| <i>guaiacol</i>  | Tier 2 |                            |
| INCONTROL ALCOHOL PADS   | Tier 2 |                            |
| INSTACLEAN   | Tier 2 |                            |
| <i>isopropyl alcohol solution 70 %</i>                                       | Tier 2 |                            |
| <i>isopropyl alcohol solution 99 %</i>                                       | Tier 1 |                            |
| IV PREP WIPES  | Tier 2 |                            |
| PRO COMFORT ALCOHOL PADS   | Tier 2 |                            |
| PURE COMFORT ALCOHOL PADS  | Tier 2 |                            |
| <i>selenium sulfide topical lotion</i>                                       | Tier 1 | PA                         |
| <i>silver sulfadiazine</i>   | Tier 1 |                            |
| SSD  | Tier 1 |                            |
| SSS 10-5 TOPICAL CREAM   | Tier 1 |                            |
| <i>sulfacetamide sodium (acne)</i>   | Tier 1 | QL (118 ML per 30 days)    |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>             | Tier 1 | QL (341 GM per 30 days)    |
| <i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>                    | Tier 1 |                            |
| <i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>                      | Tier 1 | QL (57 GM per 30 days)     |
| <i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>                | Tier 1 |                            |
| <i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i> | Tier 1 |                            |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| <i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>   | Tier 1      |                            |
| <i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i> | Tier 1      |                            |
| <i>sulfacetamide sod-sulfur-urea</i>                                | Tier 1      |                            |
| SULFACLEANSE 8-4  | Tier 1      | ST                         |
| SURE COMFORT ALCOHOL PREP PADS                                      | Tier 2      |                            |
| SURE-PREP ALCOHOL PREP PADS   | Tier 2      |                            |
| TRUE COMFORT ALCOHOL PADS   | Tier 2      |                            |
| TRUE COMFORT PRO ALCOHOL PADS                                       | Tier 2      |                            |
| ULESFIA   | Tier 2      | QL (227 GM per 30 days)    |
| ULTILET ALCOHOL SWAB  | Tier 2      |                            |
| WEBCOL  | Tier 2      |                            |
| <b>NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN)</b>                     |             |                            |
| <i>diclofenac sodium topical gel 1 %</i>                            | Tier 1      | QL (500 GM per 30 days)    |
| <b>POLYENES (SKIN AND MUCOUS MEMBRANE)</b>                          |             |                            |
| NYAMYC  | Tier 1      | QL (180 GM per 30 days)    |
| <i>nystatin topical cream</i>                                       | Tier 1      | QL (30 GM per 30 days)     |
| <i>nystatin topical ointment</i>                                    | Tier 1      | QL (30 GM per 30 days)     |
| <i>nystatin topical powder</i>                                      | Tier 1      | QL (180 GM per 30 days)    |
| <i>nystatin-triamcinolone</i>                                       | Tier 1      | QL (60 GM per 30 days)     |
| NYSTOP  | Tier 1      | QL (180 GM per 30 days)    |
| <b>SCABICIDES AND PEDICULICIDES</b>                                 |             |                            |
| <i>ivermectin topical lotion</i>                                    | Tier 1      |                            |
| <i>malathion</i>  | Tier 1      | QL (59 ML per 30 days)     |
| <i>permethrin</i>   | Tier 1      | QL (2 GM per 1 day)        |
| <i>spinosad</i>   | Tier 1      | PA; QL (4 ML per 1 day)    |
| ULESFIA   | Tier 2      | QL (227 GM per 30 days)    |
| <b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC.</b>                       |             |                            |
| CABTREO   | Tier 3      |                            |
| <i>calcitriol topical</i>   | Tier 1      | PA                         |
| CICLODAN KIT TOPICAL COMBO PACK                                     | Tier 2      |                            |
| <i>dapsone topical gel</i>  | Tier 1      |                            |
| DUPIXENT PEN  | Tier 4      | PA                         |
| DUPIXENT SYRINGE  | Tier 4      | PA                         |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>         | Tier 1      |                            |

| Drug Name   | Tier   | Restrictions/Limits        |
|---|--------|----------------------------|
| OTEZLA  | Tier 4 | PA; QL (60 EA per 30 days) |
| TRI-CHLOR   | Tier 1 |                            |
| <i>trichloroacetic acid topical recon soln 20 %, 30 %, 35 %, 40 %, 50 %, 80 %, 85 %, 90 %</i> | Tier 2 |                            |
| <b>SMOOTH MUSCLE RELAXANTS</b>  |        |                            |
| <b>ANTIMUSCARINICS</b>  |        |                            |
| <i>darifenacin</i>  | Tier 1 | PA                         |
| <i>flavoxate</i>  | Tier 1 |                            |
| <i>oxybutynin chloride oral syrup</i>   | Tier 1 |                            |
| <i>oxybutynin chloride oral tablet 5 mg</i>   | Tier 1 |                            |
| <i>oxybutynin chloride oral tablet extended release 24hr</i>                                  | Tier 1 |                            |
| <i>solifenacin</i>  | Tier 1 |                            |
| <i>tolterodine oral capsule, extended release 24hr</i>  | Tier 1 | ST                         |
| <i>tolterodine oral tablet</i>  | Tier 1 |                            |
| <i>trospium</i>   | Tier 1 |                            |
| <b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>  |        |                            |
| ELIXOPHYLLIN  | Tier 2 |                            |
| THEO-24   | Tier 2 |                            |
| <i>theophylline oral elixir</i>   | Tier 1 |                            |
| <i>theophylline oral solution</i>   | Tier 1 |                            |
| <i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>                         | Tier 1 |                            |
| <i>theophylline oral tablet extended release 24 hr</i>  | Tier 1 |                            |
| <b>SELECTIVE BETA-3-ADRENERGIC AGONISTS</b>   |        |                            |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR  | Tier 2 | ST                         |
| <b>VITAMINS</b>   |        |                            |
| <b>MULTIVITAMIN PREPARATIONS</b>  |        |                            |
| CLASSIC PRENATAL  | Tier 0 |                            |
| MULTI-VIT WITH FLUORIDE-IRON  | Tier 1 |                            |
| MULTI-VITAMIN WITH FLUORIDE   | Tier 0 |                            |
| MVC-FLUORIDE  | Tier 0 |                            |
| ONE DAILY PRENATAL  | Tier 0 |                            |
| <i>pnv cmb#95-ferrous fumarate-fa</i>   | Tier 0 |                            |
| PRENATAL COMPLETE   | Tier 0 |                            |
| PRENATAL MULTI-DHA (ALGAL OIL)  | Tier 0 |                            |
| PRENATAL MULTIVITAMINS  | Tier 0 |                            |

| Drug Name   | Tier   | Restrictions/Limits         |
|---|--------|-----------------------------|
| PRENATAL ONE DAILY                                  | Tier 0 |                             |
| PRENATAL ORAL TABLET 28 MG IRON- 800 MCG            | Tier 0 |                             |
| PRENATAL TABLET                                     | Tier 0 |                             |
| <i>prenatal vit no.179-iron-folic</i>               | Tier 0 |                             |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG     | Tier 0 |                             |
| PRENATAL VITAMIN WITH MINERALS                      | Tier 0 |                             |
| <i>prenatal vit-iron fum-folic ac</i>               | Tier 0 |                             |
| TRI-VITAMIN WITH FLUORIDE                           | Tier 0 |                             |
| TRI-VITE WITH FLUORIDE                              | Tier 0 |                             |
| VITAMINS A,C,D AND FLUORIDE                         | Tier 0 |                             |
| WESCAP-C DHA  | Tier 1 |                             |
| <b>VITAMIN A</b>                                    |        |                             |
| TRI-VITAMIN WITH FLUORIDE                           | Tier 0 |                             |
| TRI-VITE WITH FLUORIDE                              | Tier 0 |                             |
| VITAMINS A,C,D AND FLUORIDE                         | Tier 0 |                             |
| <b>VITAMIN B COMPLEX</b>                            |        |                             |
| B COMPLEX 1 (WITH FOLIC ACID)                       | Tier 0 |                             |
| <i>b complex-vitamin c-folic acid oral tablet</i>   | Tier 0 |                             |
| BALANCE B-100 (FOLIC ACID)                          | Tier 0 |                             |
| BALANCE B-50 (WITH FOLIC ACID)                      | Tier 0 |                             |
| BALANCED B-100 ORAL TABLET                          | Tier 0 |                             |
| B-COMPLEX WITH VITAMIN C ORAL TABLET 400-500 MCG-MG | Tier 0 |                             |
| CLASSIC PRENATAL                                    | Tier 0 |                             |
| <i>cyanocobalamin (vitamin b-12) injection</i>      | Tier 1 |                             |
| DIALYVITE 800 ORAL TABLET                           | Tier 0 |                             |
| <i>doxylamine-pyridoxine (vit b6)</i>               | Tier 1 | PA; QL (120 EA per 30 days) |
| <i>folic acid oral tablet 1 mg</i>                  | Tier 1 |                             |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i>      | Tier 0 |                             |
| FOLTABS 800   | Tier 0 |                             |
| FULL SPECTRUM B-VITAMIN C                           | Tier 0 |                             |
| KOBEE   | Tier 0 |                             |
| ONE DAILY PRENATAL                                  | Tier 0 |                             |
| <i>pnv cmb#95-ferrous fumarate-fa</i>               | Tier 0 |                             |
| PRENATAL COMPLETE                                   | Tier 0 |                             |
| PRENATAL MULTI-DHA (ALGAL OIL)                      | Tier 0 |                             |
| PRENATAL MULTIVITAMINS                              | Tier 0 |                             |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Restrictions/Limits</b> |
|---|-------------|----------------------------|
| PRENATAL ONE DAILY  | Tier 0      |                            |
| PRENATAL ORAL TABLET 28 MG IRON- 800 MCG                                | Tier 0      |                            |
| PRENATAL TABLET   | Tier 0      |                            |
| <i>prenatal vit no.179-iron-folic</i>                                   | Tier 0      |                            |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG                         | Tier 0      |                            |
| PRENATAL VITAMIN WITH MINERALS  | Tier 0      |                            |
| <i>prenatal vit-iron fum-folic ac</i>                                   | Tier 0      |                            |
| RENA-VITE   | Tier 0      |                            |
| STRESS FORMULA WITH IRON  | Tier 0      |                            |
| STRESS FORMULA WITH IRON(SULF)  | Tier 0      |                            |
| SUPER B MAXI COMPLEX  | Tier 0      |                            |
| SUPER QUINTS  | Tier 0      |                            |
| <i>vitamin b complex-folic acid oral tablet</i>                         | Tier 0      |                            |
| WESCAP-C DHA  | Tier 1      |                            |
| <b>VITAMIN C</b>  |             |                            |
| <i>b complex-vitamin c-folic acid oral tablet</i>                       | Tier 0      |                            |
| DIALYVITE 800 ORAL TABLET   | Tier 0      |                            |
| FULL SPECTRUM B-VITAMIN C   | Tier 0      |                            |
| RENA-VITE   | Tier 0      |                            |
| STRESS FORMULA WITH IRON  | Tier 0      |                            |
| STRESS FORMULA WITH IRON(SULF)  | Tier 0      |                            |
| TRI-VITAMIN WITH FLUORIDE   | Tier 0      |                            |
| TRI-VITE WITH FLUORIDE  | Tier 0      |                            |
| VITAMINS A,C,D AND FLUORIDE   | Tier 0      |                            |
| <b>VITAMIN D</b>  |             |                            |
| <i>calcitriol oral</i>  | Tier 1      |                            |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg</i>                      | Tier 1      | ST                         |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> | Tier 1      |                            |
| RELION GLUCOSE  | Tier 1      |                            |
| TRI-VITAMIN WITH FLUORIDE   | Tier 0      |                            |
| TRI-VITE WITH FLUORIDE  | Tier 0      |                            |
| VITAMIN D2  | Tier 1      |                            |
| VITAMINS A,C,D AND FLUORIDE   | Tier 0      |                            |
| <b>VITAMIN E</b>  |             |                            |
| STRESS FORMULA WITH IRON  | Tier 0      |                            |
| STRESS FORMULA WITH IRON(SULF)  | Tier 0      |                            |



| Drug Name   | Tier   | Restrictions/Limits    |
|---|--------|------------------------|
| <b>VITAMIN K ACTIVITY</b>                                       |        |                        |
| <i>phytonadione (vitamin k1) injection solution 1 mg/0.5 ml</i> | Tier 2 |                        |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>    | Tier 1 |                        |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i>               | Tier 1 | QL (10 EA per 30 days) |

**Medical Benefit**

| Drug Name       | Tier   | Restrictions/Limits |
|-----------------|--------|---------------------|
| MIRENA          | Tier 0 |                     |
| PARAGARD T 380A | Tier 0 |                     |

## Index

|                                    |                |                                       |                            |   |                        |
|------------------------------------|----------------|---------------------------------------|----------------------------|---|------------------------|
| 2-IN-1 LANCET DEVICE.....          | 49             | AEROCHAMBER PLUS Z                    |                            | <i>amlodipine-olmesartan</i>              |                        |
| <i>abacavir</i> .....              | 15             | STAT LG MSK.....                      | 49                         | .....                                     | 28, 30, 32, 33, 34, 35 |
| <i>abacavir-lamivudine</i> .....   | 15             | AEROCHAMBER PLUS Z                    |                            | <i>amlodipine-valsartan</i>               |                        |
| ABILIFY MAINTENA.....              | 37, 39         | STAT MD MSK.....                      | 49                         | .....                                     | 28, 30, 32, 33, 34, 35 |
| <i>abiraterone</i> .....           | 18             | AEROCHAMBER PLUS Z                    |                            | <i>ammonium lactate</i> .....             | 96                     |
| ABRYSVO (PF).....                  | 20             | STAT SM MSK.....                      | 49                         | <i>amoxapine</i> .....                    | 48                     |
| <i>acarbose</i> .....              | 74             | AFIRMELLE.....                        | 76                         | <i>amoxicil-clarithromy-lansopraz</i>     |                        |
| ACCU-CHEK FASTCLIX                 |                | AFTER PILL.....                       | 76                         | .....                                     | 12, 17, 72             |
| LANCET DRUM.....                   | 49             | AFTERA.....                           | 76                         | <i>amoxicillin</i> .....                  | 12                     |
| ACCU-CHEK FASTCLIX                 |                | AGAMREE.....                          | 73                         | <i>amoxicillin-pot clavulanate</i> .....  | 12                     |
| LANCING DEV.....                   | 49             | AIMOVIG AUTOINJECTOR.....             | 41                         | <i>amphetamine sulfate</i> .....          | 35                     |
| ACCU-CHEK MULTICLIX                |                | AIMSCO LATEX CONDOM.....              | 89                         | <i>ampicillin</i> .....                   | 12                     |
| LANCET.....                        | 49             | AKYNZEO (NETUPITANT)..                | 70, 72                     | <i>anagrelide</i> .....                   | 27                     |
| ACCU-CHEK SAFE-T-PRO.....          | 49             | ALA-CORT.....                         | 96                         | <i>anastrozole</i> .....                  | 18, 75                 |
| ACCU-CHEK SAFE-T-PRO               |                | <i>albendazole</i> .....              | 12                         | ANNOVERA.....                             | 76                     |
| PLUS.....                          | 49             | <i>albuterol sulfate</i> .....        | 24, 94                     | <i>anticoag citrate phos dextrose</i> ... | 25                     |
| ACCU-CHEK SOFT DEV                 |                | <i>alclometasone</i> .....            | 96                         | ANTI-DIARRHEAL                            |                        |
| LANCETS.....                       | 49             | ALCOHOL PADS.....                     | 100                        | (LOPERAMIDE).....                         | 70                     |
| ACCU-CHEK SOFTCLIX                 |                | ALCOHOL PREP PADS.....                | 100                        | <i>aprepitant</i> .....                   | 72                     |
| LANCETS.....                       | 49             | <i>alcohol swabs</i> .....            | 100                        | APRI.....                                 | 76                     |
| ACD SOLUTION A.....                | 25, 63         | ALCOHOL WIPES.....                    | 100                        | APTIOM.....                               | 42                     |
| ACD-A.....                         | 25, 63         | <i>alendronate</i> .....              | 88                         | APTIVUS.....                              | 15                     |
| <i>acebutolol</i> .....            | 24, 32         | <i>alfuzosin</i> .....                | 23                         | AQUA LANCE LANCING                        |                        |
| <i>acetaminophen-codeine</i> ..... | 36, 43         | <i>allopurinol</i> .....              | 87                         | DEVICE.....                               | 49                     |
| <i>acetazolamide</i> .....         | 64, 68         | <i>almotriptan malate</i> .....       | 47                         | ARANELLE (28).....                        | 76                     |
| <i>acetic acid</i> .....           | 68             | <i>alogliptin</i> .....               | 82                         | AREXVY (PF).....                          | 20                     |
| <i>acetylcysteine</i> .....        | 89, 92         | <i>alogliptin-metformin</i> .....     | 75, 82                     | AREXVY ADJUVANT                           |                        |
| ACID REDUCER                       |                | <i>alogliptin-pioglitazone</i> .....  | 82, 87                     | COMPONENT (PF).....                       | 20                     |
| (OMEPRAZOLE).....                  | 72             | ALOMIDE.....                          | 66                         | AREXVY ANTIGEN                            |                        |
| ACTHIB (PF).....                   | 20             | <i>alosetron</i> .....                | 70                         | COMPONENT.....                            | 20                     |
| ACTI-LANCE LANCETS.....            | 49             | <i>alprazolam</i> .....               | 40                         | <i>aripiprazole</i> .....                 | 37, 39                 |
| <i>acyclovir</i> .....             | 16, 95         | ALTABAX.....                          | 95                         | ARISTADA.....                             | 37, 39                 |
| ADACEL(TDAP                        |                | ALTAVERA (28).....                    | 76                         | ARISTADA INITIO.....                      | 37, 39                 |
| ADOLESN/ADULT)(PF).....            | 20             | ALTERNATE SITE LANCET.....            | 49                         | <i>armodafinil</i> .....                  | 49                     |
| ADCIRCA.....                       | 34, 94         | ALTERNATE SITE LANCING                |                            | ARNUITY ELLIPTA.....                      | 73, 93                 |
| <i>adefovir</i> .....              | 16             | DEVICE.....                           | 49                         | ASHLYNA.....                              | 76                     |
| ADEMPAS.....                       | 35, 94         | ALVESCO.....                          | 73, 93                     | ASMANEX HFA.....                          | 73, 93                 |
| ADJUSTABLE LANCING                 |                | ALYACEN 1/35 (28).....                | 76                         | <i>aspirin</i> .....                      | 26, 27, 38, 46         |
| DEVICE.....                        | 49             | ALYACEN 7/7/7 (28).....               | 76                         | ASPIRIN CHILDRENS                         |                        |
| ADULT ASPIRIN REGIMEN              |                | <i>amantadine hcl</i> .....           | 12, 35                     | .....                                     | 26, 27, 38, 46         |
| .....                              | 26, 27, 38, 46 | <i>ambrisentan</i> .....              | 35, 94                     | <i>aspirin,buffd-calcium carb-mag</i>     |                        |
| ADVANCED LANCING                   |                | AMETHIA.....                          | 76                         | .....                                     | 26, 27, 38, 46         |
| DEVICE.....                        | 49             | AMETHYST (28).....                    | 76                         | <i>aspirin-dipyridamole</i> .....         | 26, 46                 |
| ADVANCED TRAVEL                    |                | <i>amiloride</i> .....                | 35, 64                     | ASSURE LANCE.....                         | 49                     |
| LANCETS.....                       | 49             | <i>amiloride-hydrochlorothiazide</i>  |                            | ASSURE LANCE PLUS.....                    | 49                     |
| ADVOCATE LANCET.....               | 49             | .....                                 | 35, 64, 65                 | <i>atazanavir</i> .....                   | 16                     |
| ADVOCATE LANCING                   |                | <i>amiodarone</i> .....               | 32                         | <i>atenolol</i> .....                     | 24, 32                 |
| DEVICE.....                        | 49             | <i>amitriptyline</i> .....            | 48                         | <i>atenolol-chlorthalidone</i>            |                        |
| AEROCHAMBER PLUS                   |                | <i>amitriptyline-chlordiazepoxide</i> |                            | .....                                     | 24, 29, 30, 32, 66     |
| FLOW-VU,L MSK.....                 | 49             | .....                                 | 40, 48                     | <i>atorvastatin</i> .....                 | 33                     |
| AEROCHAMBER PLUS                   |                | <i>amlodipine</i> .....               | 30, 32, 33, 34, 35         | <i>atovaquone-proguanil</i> .....         | 13                     |
| FLOW-VU,M MSK.....                 | 49             | <i>amlodipine-benazepril</i>          |                            | <i>atropine</i> .....                     | 69                     |
| AEROCHAMBER PLUS                   |                | .....                                 | 28, 29, 30, 32, 33, 34, 35 | ATROVENT HFA.....                         | 22, 90                 |
| FLOW-VU,S MSK.....                 | 49             |                                       |                            | AUBRA.....                                | 76                     |

|                                       |                |                             |    |   |        |
|---------------------------------------|----------------|-----------------------------|----|---|--------|
| AUBRA EQ.....                         | 76             | BD ALLERGY SYRINGE.....     | 49 | BD SAFETYGLIDE                          |        |
| AUROVELA 1.5/30 (21).....             | 76             | BD AUTOSHIELD DUO PEN       |    | TUBERCULIN.....                         | 51     |
| AUROVELA 1/20 (21).....               | 76             | NEEDLE.....                 | 49 | BD SHORT BEVEL NEEDLES..                | 51     |
| AUROVELA 24 FE.....                   | 76             | BD BLUNT PLASTIC            |    | BD SHORT BEVEL THIN                     |        |
| AUROVELA FE 1.5/30 (28).....          | 76             | CANNULA.....                | 49 | WALL.....                               | 51     |
| AUROVELA FE 1-20 (28).....            | 76             | BD BULK SYRINGE SLIP TIP... | 50 | BD SLIP TIP SYRINGE.....                | 51     |
| AURYXIA.....                          | 64             | BD ECCENTRIC TIP SYRINGE.   | 50 | BD SPECIALTY USE                        |        |
| AUSTEDO.....                          | 48             | BD ECLIPSE.....             | 50 | NEEDLES.....                            | 51     |
| AUSTEDO XR.....                       | 48             | BD ECLIPSE LUER-LOK.....    | 50 | BD SYRINGE.....                         | 51     |
| AUSTEDO XR TITRATION                  |                | BD FILTER NEEDLE 5-         |    | BD SYRINGE CATH TIP                     |        |
| KT(WK1-4).....                        | 48             | MICRON NOKO.....            | 50 | NONSTERILE.....                         | 51     |
| AUTO-LANCET MINI.....                 | 49             | BD FILTER NEEDLE-5          |    | BD SYRINGE CATHETER TIP..               | 51     |
| AUTOLET IMPRESSION LANC               |                | MICRON.....                 | 50 | BD SYRINGE LUER-LOK                     |        |
| DEV.....                              | 49             | BD INSULIN SYRINGE.....     | 50 | NONSTERILE.....                         | 51     |
| AUTOLET LANCING DEVICE...             | 49             | BD INSULIN SYRINGE (HALF    |    | BD SYRINGE LUER-LOK                     |        |
| AVAR.....                             | 99, 100        | UNIT).....                  | 50 | STERILE.....                            | 51     |
| AVAR-E.....                           | 99, 100        | BD INSULIN SYRINGE          |    | BD SYRINGE SLIP TIP                     |        |
| AVAR-E GREEN.....                     | 99, 100        | MICRO-FINE.....             | 50 | NONSTERILE.....                         | 51     |
| AVAR-E LS.....                        | 99, 100        | BD INSULIN SYRINGE U-500... | 50 | BD SYRINGE TIP CAP.....                 | 51     |
| AVIANE.....                           | 77             | BD INSULIN SYRINGE          |    | BD SYRINGE-DUAL                         |        |
| AVITA.....                            | 96             | ULTRA-FINE.....             | 50 | CANNULA.....                            | 51     |
| AYUNA.....                            | 77             | BD INTEGRA SYRINGE.....     | 50 | BD TUBERCULIN SLIP-TIP.....             | 51     |
| AZASITE.....                          | 67             | BD INTERLINK BLUNT          |    | BD TUBERCULIN SYRINGE....               | 51     |
| <i>azelastine</i> .....               | 66, 67         | PLASTIC CAN.....            | 50 | BD ULTRA-FINE MICRO PEN                 |        |
| <i>azelastine-fluticasone</i>         |                | BD INTERLINK SYRINGE.....   | 50 | NEEDLE.....                             | 51     |
| .....                                 | 67, 68, 92, 93 | BD INTRADERMAL BEVEL        |    | BD ULTRA-FINE MINI PEN                  |        |
| <i>azithromycin</i> .....             | 17             | NEEDLES.....                | 50 | NEEDLE.....                             | 51     |
| AZURETTE (28).....                    | 77             | BD LO-DOSE MICRO-FINE IV..  | 50 | BD ULTRA-FINE ORIG PEN                  |        |
| B COMPLEX 1 (WITH FOLIC               |                | BD LUER-LOK BULK            |    | NEEDLE.....                             | 51     |
| ACID).....                            | 103            | SYRINGE.....                | 50 | BD ULTRA-FINE SHORT PEN                 |        |
| <i>b complex-vitamin c-folic acid</i> |                | BD LUER-LOK SYRINGE.....    | 50 | NEEDLE.....                             | 51     |
| .....                                 | 103, 104       | BD LUER-LOK TIP CONTROL     |    | BD VEO INSULIN SYR (HALF                |        |
| <i>bacitracin</i> .....               | 67             | SYRING.....                 | 50 | UNIT).....                              | 51     |
| <i>bacitracin-polymyxin b</i> .....   | 67             | BD MICROTAINER LANCET....   | 50 | BD VEO INSULIN SYRINGE                  |        |
| <i>baclofen</i> .....                 | 22             | BD NOKOR ADMIX NEEDLE....   | 50 | UF.....                                 | 51     |
| BALANCE B-100 (FOLIC ACID)            |                | BD POSIFLUSH NORMAL         |    | BD VERITOR AT-HOME                      |        |
| .....                                 | 103            | SALINE 0.9.....             | 50 | COVID19 TST.....                        | 51     |
| BALANCE B-50 (WITH FOLIC              |                | BD PRECISIONGLIDE.....      | 50 | BELSOMRA.....                           | 45     |
| ACID).....                            | 103            | BD PRECISIONGLIDE NON-      |    | <i>benazepril</i> .....                 | 28, 29 |
| BALANCED B-100.....                   | 103            | STERILE.....                | 50 | <i>benazepril-hydrochlorothiazide</i>   |        |
| BALANCED SALT.....                    | 69             | BD QUINCKE SPINAL           |    | .....                                   | 29, 65 |
| BALCOLTRA.....                        | 77             | NEEDLE.....                 | 50 | <i>benzonatate</i> .....                | 91     |
| <i>balsalazide</i> .....              | 70             | BD REGULAR BEVEL            |    | <i>benztropine</i> .....                | 22, 36 |
| BALZIVA (28).....                     | 77             | NEEDLES.....                | 50 | BESER.....                              | 96     |
| BAQSIMI.....                          | 82             | BD SAFETYGLIDE              |    | <i>betamethasone dipropionate</i> ..... | 96     |
| BARACLUDGE.....                       | 16             | ALLERGIST TRAY.....         | 50 | <i>betamethasone valerate</i> .....     | 96     |
| BASAGLAR KWIKPEN U-100                |                | BD SAFETYGLIDE INSULIN      |    | <i>betamethasone, augmented</i>         | 96, 97 |
| INSULIN.....                          | 83, 84         | SYRINGE.....                | 50 | <i>betaxolol</i> .....                  | 68     |
| BAYER ASPIRIN.....                    | 26, 27, 38, 46 | BD SAFETYGLIDE NEEDLE....   | 50 | <i>bethanechol chloride</i> .....       | 23     |
| BAYER LOW DOSE ASPIRIN                |                | BD SAFETYGLIDE              |    | <i>bexarotene</i> .....                 | 18     |
| .....                                 | 26, 27, 38, 46 | SHIELDING REG.....          | 50 | BEXSERO.....                            | 20     |
| <i>bcg vaccine, live (pf)</i> .....   | 20             | BD SAFETYGLIDE SYRINGE...   | 51 | BEYAZ.....                              | 77     |
| B-COMPLEX WITH VITAMIN C              |                | BD SAFETYGLIDE TB REG       |    | <i>bicalutamide</i> .....               | 18     |
| .....                                 | 103            | BEVEL.....                  | 51 | BIKTARVY.....                           | 14, 15 |
| BD ALCOHOL SWABS.....                 | 100            |                             |    | <i>bimatoprost</i> .....                | 70     |

|  |                    |  |                        |
|--|--------------------|--|------------------------|
| BINAXNOW COVID AG CARD                     |                    |  |                        |
| HOME TST .....                             | 51                 | <i>butalbital-aspirin-caffeine</i>       | 26, 27, 38, 40, 45, 46 |
| BINAXNOW COVID-19 AG                       |                    | BUTTERFLY TOUCH LANCET .                 | 52                     |
| SELF TEST .....                            | 51                 | <i>cabergoline</i> .....                 | 42                     |
| BIOGLO .....                               | 62                 | CABTREO .....                            | 95, 101                |
| BIOLON .....                               | 51                 | <i>calcitonin (salmon)</i> .....         | 75, 88                 |
| BIOTHRAX .....                             | 20                 | <i>calcitriol</i> .....                  | 101, 104               |
| <i>bisacodyl</i> .....                     | 71                 | <i>calcium acetate(phosphat bind)</i> .  | 64                     |
| <i>bisoprolol fumarate</i> .....           | 24, 29, 32         | CAMILA .....                             | 77                     |
| <i>bisoprolol-hydrochlorothiazide</i>      |                    | CAMRESE .....                            | 77                     |
| .....                                      | 24, 29, 30, 32, 65 | CAMRESE LO .....                         | 77                     |
| BLISOVI 24 FE .....                        | 77                 | <i>candesartan</i> .....                 | 28                     |
| BLISOVI FE 1.5/30 (28) .....               | 77                 | <i>candesartan-hydrochlorothiazid</i>    |                        |
| BLISOVI FE 1/20 (28) .....                 | 77                 | .....                                    | 28, 65                 |
| <i>blunt needle, disposable</i> .....      | 51                 | <i>capecitabine</i> .....                | 18                     |
| BLUNT SPINAL NEEDLE .....                  | 51                 | CAPRELSA .....                           | 18                     |
| BOOSTRIX TDAP .....                        | 20                 | <i>captopril</i> .....                   | 29                     |
| <i>bosentan</i> .....                      | 35, 94             | <i>captopril-hydrochlorothiazide</i>     | 29, 65                 |
| BPO .....                                  | 99                 | <i>carbamazepine</i> .....               | 36, 37                 |
| BREATHERITE SPACER-                        |                    | <i>carbidopa</i> .....                   | 41                     |
| MASK, NEO .....                            | 51                 | <i>carbidopa-levodopa</i> .....          | 41, 42                 |
| BREATHERITE SPACER-                        |                    | <i>carbidopa-levodopa-</i>               |                        |
| MASK,ADULT .....                           | 51                 | <i>entacapone</i> .....                  | 41, 42                 |
| BREATHERITE SPACER-                        |                    | <i>carbinoxamine maleate</i> .....       | 11, 92                 |
| MASK,CHILD .....                           | 51                 | <i>cardioplegic soln</i> .....           | 65                     |
| BREATHERITE SPACER-                        |                    | CAREONE LANCING DEVICE ..                | 52                     |
| MASK,INFANT .....                          | 51                 | CAREONE ULTRA THIN                       |                        |
| BREATHERITE SPACER-                        |                    | LANCET .....                             | 52                     |
| MASK,S.CHLD .....                          | 51                 | CAREPOINT LUER LOCK                      |                        |
| BRIELLYN .....                             | 77                 | SYR-NEEDLE .....                         | 52                     |
| BRILINTA .....                             | 26                 | CARESTART COVID-19 AG                    |                        |
| <i>brimonidine</i> .....                   | 66                 | HOME TST .....                           | 52                     |
| <i>brimonidine-timolol</i> .....           | 66, 68             | CARETOUCH ALCOHOL                        |                        |
| <i>brinzolamide</i> .....                  | 68                 | PREP PAD .....                           | 100                    |
| <i>bromfenac</i> .....                     | 69                 | CARETOUCH LANCING                        |                        |
| <i>bromocriptine</i> .....                 | 42                 | DEVICE .....                             | 52                     |
| <i>brompheniramine-pseudoeph-</i>          |                    | CARETOUCH LUER LOCK                      |                        |
| <i>dm</i> .....                            | 21, 90, 91, 92     | SYR-NEEDLE .....                         | 52                     |
| BSS .....                                  | 69                 | CARETOUCH TWIST LANCET .                 | 52                     |
| <i>budesonide</i> .....                    | 73, 93             | <i>carteolol</i> .....                   | 68                     |
| <i>budesonide-formoterol</i> .....         | 24, 73             | CARTIA XT .....                          | 30, 32                 |
| BUFFERIN .....                             | 26, 27, 38, 46     | <i>carvedilol</i> .....                  | 23, 27, 32             |
| BULLSEYE MINI SAFETY                       |                    | CAYA CONTOURED .....                     | 89                     |
| LANCETS .....                              | 51                 | CAYSTON .....                            | 16                     |
| <i>bumetanide</i> .....                    | 64                 | CAZIENT (28) .....                       | 77                     |
| <i>buprenorphine</i> .....                 | 44                 | <i>cefadroxil</i> .....                  | 12                     |
| <i>buprenorphine hcl</i> .....             | 44                 | <i>cefdinir</i> .....                    | 12                     |
| <i>buprenorphine-naloxone</i> .....        | 44                 | <i>cefprozil</i> .....                   | 12                     |
| <i>bupropion hcl</i> .....                 | 37                 | <i>cefuroxime axetil</i> .....           | 12                     |
| <i>bupropion hcl (smoking deter)</i> ..... | 37                 | <i>celecoxib</i> .....                   | 41                     |
| <i>butalbital-acetaminop-caf-cod</i>       |                    | CELLTRION DIATRUST COV-                  |                        |
| .....                                      | 36, 38, 40, 43, 45 | 19 HOME .....                            | 52                     |
| <i>butalbital-acetaminophen-caff</i>       |                    | <i>cephalexin</i> .....                  | 12                     |
| .....                                      | 36, 38, 40, 45     | <i>cetirizine</i> .....                  | 11, 93                 |
|  |                    | <i>cevimeline</i> .....                  | 23                     |
|  |                    | CHARLOTTE 24 FE .....                    | 77                     |
|  |                    | CHATEAL (28) .....                       | 77                     |
|  |                    | CHATEAL EQ (28) .....                    | 77                     |
|  |                    | CHEK-STIX CONTROL .....                  | 62                     |
|  |                    | CHEMO TRANSFER PIN .....                 | 52                     |
|  |                    | CHEMSTRIP 10 MD .....                    | 62                     |
|  |                    | CHEMSTRIP 10/SG .....                    | 62                     |
|  |                    | CHEMSTRIP 2 GP .....                     | 62                     |
|  |                    | CHEMSTRIP 50B .....                      | 62                     |
|  |                    | CHEMSTRIP 7 .....                        | 62                     |
|  |                    | CHEMSTRIP 9 .....                        | 62                     |
|  |                    | CHILDREN'S ASPIRIN                       |                        |
|  |                    | .....                                    | 26, 27, 38, 46         |
|  |                    | <i>chlordiazepoxide hcl</i> .....        | 40                     |
|  |                    | <i>chlordiazepoxide-clidinium</i> ...    | 22, 40                 |
|  |                    | <i>chloroquine phosphate</i> .....       | 13                     |
|  |                    | <i>chlorpromazine</i> .....              | 45                     |
|  |                    | <i>chlorthalidone</i> .....              | 66                     |
|  |                    | <i>chlorzoxazone</i> .....               | 22                     |
|  |                    | <i>cholestyramine (with sugar)</i> ..... | 30                     |
|  |                    | CHOLESTYRAMINE LIGHT .....               | 30                     |
|  |                    | <i>cholestyramine-aspartame</i> .....    | 30                     |
|  |                    | CICLODAN .....                           | 98                     |
|  |                    | CICLODAN KIT .....                       | 98, 99, 101            |
|  |                    | <i>ciclopirox</i> .....                  | 98                     |
|  |                    | <i>ciclopirox-ure-camph-menth-</i>       |                        |
|  |                    | <i>euc</i> .....                         | 99                     |
|  |                    | <i>cilostazol</i> .....                  | 26                     |
|  |                    | <i>cimetidine</i> .....                  | 72                     |
|  |                    | <i>cinacalcet</i> .....                  | 75                     |
|  |                    | CIPRO HC .....                           | 67, 68                 |
|  |                    | <i>ciprofloxacin</i> .....               | 17                     |
|  |                    | <i>ciprofloxacin hcl</i> .....           | 17, 67                 |
|  |                    | <i>ciprofloxacin-dexamethasone</i>       |                        |
|  |                    | .....                                    | 67, 68                 |
|  |                    | <i>ciprofloxacin-fluocinolone</i> .....  | 67, 68                 |
|  |                    | <i>citalopram</i> .....                  | 47                     |
|  |                    | CITRATE OF MAGNESIA .....                | 71                     |
|  |                    | CITROMA .....                            | 71                     |
|  |                    | <i>clarithromycin</i> .....              | 13, 17                 |
|  |                    | CLASSIC PRENATAL 25, 102, 103            |                        |
|  |                    | CLEARLAX .....                           | 71                     |
|  |                    | <i>clemastine</i> .....                  | 11, 92                 |
|  |                    | CLENPIQ .....                            | 71                     |
|  |                    | CLEOCIN .....                            | 95                     |
|  |                    | CLEVER CHEK LANCETS .....                | 52                     |
|  |                    | CLEVER CHOICE CHAMBER-                   |                        |
|  |                    | LRG MASK .....                           | 52                     |
|  |                    | CLEVER CHOICE CHAMBER-                   |                        |
|  |                    | MED MASK .....                           | 52                     |
|  |                    | CLEVER CHOICE CHAMBER-                   |                        |
|  |                    | SM MASK .....                            | 52                     |
|  |                    | CLINDACIN ETZ .....                      | 95                     |
|  |                    | <i>clindamycin hcl</i> .....             | 16                     |
|  |                    | CLINDAMYCIN PEDIATRIC .....              | 16                     |

|                                      |                |  |         |  |
|--------------------------------------|----------------|--|---------|--|
| <i>clindamycin phosphate</i> .....   | 95             | <i>cyclopentolate</i> .....                | 69      | DEX4 GLUCOSE QUICK                     |
| <i>clindamycin-benzoyl peroxide</i>  |                | <i>cyclophosphamide</i> .....              | 18      | DISSOLVE.....                          |
| .....                                | 95, 99         | <i>cycloserine</i> .....                   | 13      | <i>dexamethasone</i> .....             |
| <i>clindamycin-tretinoin</i> .....   | 95, 96         | <i>cyclosporine</i> .....                  | 88, 89  | DEXAMETHASONE                          |
| CLINITEST COVID-19 HOME              |                | <i>cyclosporine modified</i> .....         | 88, 89  | INTENSOL.....                          |
| TEST.....                            | 52             | CYCLOTENS STARTER.....                     | 22, 52  | <i>dexamethasone sodium</i>            |
| <i>clobazam</i> .....                | 40             | <i>cyproheptadine</i> .....                | 11, 92  | <i>phosphate</i> .....                 |
| <i>clobetasol</i> .....              | 97             | CYRED.....                                 | 77      | <i>dexchlorpheniramine maleate</i>     |
| <i>clobetasol-emollient</i> .....    | 97             | CYRED EQ.....                              | 77      | .....                                  |
| CLODAN.....                          | 97             | CYSTAGON.....                              | 89      | .....                                  |
| <i>clomipramine</i> .....            | 48             | <i>dalfampridine</i> .....                 | 89      | DEXCOM G6 RECEIVER.....                |
| <i>clonazepam</i> .....              | 40             | <i>danazol</i> .....                       | 75      | DEXCOM G6 SENSOR.....                  |
| <i>clonidine</i> .....               | 21, 31         | <i>dantrolene</i> .....                    | 22      | DEXCOM G6 TRANSMITTER... 52            |
| <i>clonidine hcl</i> .....           | 21, 31         | <i>dapsone</i> .....                       | 95, 101 | DEXCOM G7 RECEIVER.....                |
| <i>clopidogrel</i> .....             | 26             | DAPTACEL (DTAP                             |         | DEXCOM G7 SENSOR.....                  |
| <i>clorazepate dipotassium</i> ..... | 40             | PEDIATRIC) (PF).....                       | 20      | <i>dexlansoprazole</i> .....           |
| <i>clotrimazole</i> .....            | 95             | <i>darifenacin</i> .....                   | 102     | <i>dexamethylphenidate</i> .....       |
| <i>clotrimazole-betamethasone</i>    | 95, 97         | DASETTA 1/35 (28).....                     | 77      | <i>dextroamphetamine sulfate</i> ..... |
| <i>clozapine</i> .....               | 39             | DASETTA 7/7/7 (28).....                    | 77      | <i>dextroamphetamine-</i>              |
| COAGUCHEK LANCETS.....               | 52             | DAVOL IRRIGATION                           |         | <i>amphetamine</i> .....               |
| COARTEM.....                         | 13             | SYRINGE.....                               | 52      | .....                                  |
| <i>codeine sulfate</i> .....         | 43, 91         | DAVOL PISTON IRRIGATION... 52              |         | <i>dextrose</i> .....                  |
| <i>colchicine</i> .....              | 87             | DAYSEE.....                                | 77      | DIALYVITE 800.....                     |
| <i>colesevelam</i> .....             | 30, 75         | DEBLITANE.....                             | 77      | DIASTIX.....                           |
| <i>colestipol</i> .....              | 30             | <i>deferasirox</i> .....                   | 73      | <i>diazepam</i> .....                  |
| COLOR LANCETS.....                   | 52             | DELFLX WITH 2.5 %                          |         | .....                                  |
| COMBIPATCH.....                      | 82, 85         | DEXTROSE.....                              | 64      | <i>diclofenac sodium</i> .....         |
| COMBISTIX REAGENT.....               | 63             | DELFLX-LC/1.5%                             |         | .....                                  |
| COMBIVENT RESPIMAT                   |                | DEXTROSE.....                              | 64      | <i>diclofenac-misoprostol</i> .....    |
| .....                                | 22, 24, 90, 94 | DELFLX-LC/2.5%                             |         | .....                                  |
| COMETRIQ.....                        | 18             | DEXTROSE.....                              | 64      | <i>dicloxacillin</i> .....             |
| COMFORT EZ LANCETS.....              | 52             | DELFLX-LC/4.25%                            |         | .....                                  |
| COMIRNATY 2023-24 (12Y               |                | DEXTROSE.....                              | 64      | <i>dicyclomine</i> .....               |
| UP)(PF).....                         | 20             | DELSTRIGO.....                             | 14, 15  | .....                                  |
| COMPACT SPACE                        |                | <i>demeclocycline</i> .....                | 17      | DIFICID.....                           |
| CHAMBER-LRG MASK.....                | 52             | DENGVAXIA (PF).....                        | 20      | <i>diflorasone</i> .....               |
| COMPACT SPACE                        |                | DENTA 5000 PLUS.....                       | 88      | .....                                  |
| CHAMBER-MED MASK.....                | 52             | DEPO-PROVERA.....                          | 85      | DIGITEK.....                           |
| COMPACT SPACE                        |                | DEPO-SUBQ PROVERA 104 ...                  | 85      | <i>digoxin</i> .....                   |
| CHAMBER-SM MASK.....                 | 52             | DERMACINRX PRIZOPAK.....                   | 95      | .....                                  |
| COMPLERA.....                        | 14, 15         | DESCOVY.....                               | 15      | <i>dihydroergotamine</i> .....         |
| CORTIFOAM.....                       | 97             | <i>desflurane</i> .....                    | 42      | .....                                  |
| <i>cortisone</i> .....               | 73             | <i>desipramine</i> .....                   | 48      | DILANTIN.....                          |
| COVARYX.....                         | 75, 82         | <i>desloratadine</i> .....                 | 11, 93  | .....                                  |
| COVARYX H.S.....                     | 75, 82         | <i>desmopressin</i> .....                  | 25, 85  | <i>diltiazem hcl</i> .....             |
| COVID-19 AT-HOME TEST.....           | 52             | <i>desog-e.estradiolle.estradiol</i> ..... | 77      | .....                                  |
| CREON.....                           | 71             | <i>desogestrel-ethinyl estradiol</i> ..... | 77      | DILT-XR.....                           |
| CRESEMBA.....                        | 13             | <i>desonide</i> .....                      | 97      | .....                                  |
| CRINONE.....                         | 85             | <i>desoximetasone</i> .....                | 97      | DIPENTUM.....                          |
| <i>cromolyn</i> .....                | 67, 92         | <i>desvenlafaxine</i> .....                | 46      | .....                                  |
| CRYOSERV.....                        | 89             | <i>desvenlafaxine succinate</i> .....      | 46      | <i>diphenhydramine hcl</i> .....       |
| CRYSSELLE (28).....                  | 77             | DEX4 GLUCOSE.....                          | 63      | .....                                  |
| CURITY ALCOHOL SWABS... 100          |                | DEX4 GLUCOSE BITS.....                     | 63      | <i>diphenoxylate-atropine</i> .....    |
| <i>cyanocobalamin (vitamin b-12)</i> | 103            | DEX4 GLUCOSE POUCH                         |         | .....                                  |
| <i>cyclobenzaprine</i> .....         | 22             | PACK.....                                  | 63      | <i>dipyridamole</i> .....              |
|                                      |                |  |         | .....                                  |
|                                      |                |  |         | <i>disopyramide phosphate</i> .....    |
|                                      |                |  |         | .....                                  |
|                                      |                |  |         | <i>divalproex</i> .....                |
|                                      |                |  |         | .....                                  |
|                                      |                |  |         | <i>dofetilide</i> .....                |
|                                      |                |  |         | .....                                  |
|                                      |                |  |         | DOLISHALE.....                         |
|                                      |                |  |         | .....                                  |
|                                      |                |  |         | <i>donepezil</i> .....                 |
|                                      |                |  |         | .....                                  |
|                                      |                |  |         | <i>dorzolamide</i> .....               |
|                                      |                |  |         | .....                                  |
|                                      |                |  |         | <i>dorzolamide-timolol</i> .....       |
|                                      |                |  |         | .....                                  |
|                                      |                |  |         | <i>dorzolamide-timolol (pf)</i> .....  |
|                                      |                |  |         | .....                                  |
|                                      |                |  |         | DOTTI.....                             |
|                                      |                |  |         | .....                                  |
|                                      |                |  |         | DOVATO.....                            |
|                                      |                |  |         | .....                                  |
|                                      |                |  |         | <i>doxazosin</i> .....                 |
|                                      |                |  |         | .....                                  |
|                                      |                |  |         | <i>doxepin</i> .....                   |
|                                      |                |  |         | .....                                  |
|                                      |                |  |         | <i>doxercalciferol</i> .....           |
|                                      |                |  |         | .....                                  |
|                                      |                |  |         | <i>doxycycline hyclate</i> .....       |
|                                      |                |  |         | .....                                  |

|  |   |                |   |                |
|--|---|----------------|---|----------------|
| <i>doxylamine-pyridoxine (vit b6)</i>      | ECLIPSE SYRINGE.....                        | 53             | <i>ergotamine-caffeine</i> .....            | 23, 38         |
| .....70, 92, 103                           | <i>econazole</i> .....                      | 96             | ERIVEDGE.....                               | 18             |
| D-PENAMINE.....                            | ECONTRA EZ.....                             | 77             | <i>erlotinib</i> .....                      | 18             |
| <i>dronabinol</i> .....                    | ECONTRA ONE-STEP.....                       | 77             | ERRIN.....                                  | 77             |
| DROPLET GENTEEL                            | ECOTRIN.....                                | 26, 27, 38, 46 | ERTACZO.....                                | 96             |
| LANCING DEVICE.....                        | ECOTRIN LOW STRENGTH                        |                | ERY PADS.....                               | 95             |
| DROPLET LANCETS.....                       | .....26, 27, 38, 46                         |                | ERYTHROCIN (AS                              |                |
| DROPLET LANCING DEVICE...                  | ED-SPAZ.....                                | 22             | STEARATE).....                              | 13             |
| DROPSAFE ALCOHOL PREP                      | EEMT.....                                   | 75, 82         | <i>erythromycin</i> .....                   | 13, 67         |
| PADS.....                                  | EEMT HS.....                                | 75, 82         | <i>erythromycin ethylsuccinate</i> .....    | 13             |
| <i>drospirenone-e.estradiol-1m.fa</i> .... | <i>efavirenz</i> .....                      | 14             | <i>erythromycin with ethanol</i> .....      | 95             |
| .....77                                    | <i>efavirenz-lamivu-tenofov disop</i>       |                | <i>erythromycin-benzoyl peroxide</i> ..     | 95             |
| <i>drospirenone-ethinyl estradiol</i> .... | .....14, 15                                 |                | <i>escitalopram oxalate</i> .....           | 47             |
| .....77                                    | EFFER-K.....                                | 65             | <i>esomeprazole magnesium</i> .....         | 72             |
| DUAVEE.....                                | <i>eletriptan</i> .....                     | 47             | ESTARYLLA.....                              | 77             |
| DULCOLAX (MAGNESIUM                        | ELINEST.....                                | 77             | <i>estazolam</i> .....                      | 41             |
| HYDROXIDE).....                            | ELIQUIS.....                                | 25             | <i>estradiol</i> .....                      | 82             |
| DULERA.....                                | ELIQUIS DVT-PE TREAT 30D                    |                | <i>estradiol-norethindrone acet.</i> 82, 85 |                |
| .....24, 74                                | START.....                                  | 25             | <i>estrogens-methyltestosterone</i>         |                |
| <i>duloxetine</i> .....                    | ELIXOPHYLLIN.....                           | 64, 94, 102    | .....75, 82                                 |                |
| 42, 46                                     | ELLA.....                                   | 77             | <i>ethambutol</i> .....                     | 13             |
| DUPIXENT PEN.....                          | ELLUME COVID-19 HOME                        |                | <i>ethosuximide</i> .....                   | 48             |
| 101  | TEST.....                                   | 53             | <i>ethynodiol diac-eth estradiol</i> .....  | 77             |
| DUPIXENT SYRINGE.....                      | ELURYNG.....                                | 77             | <i>etonogestrel-ethinyl estradiol</i> ....  | 78             |
| 101  | EMBRACE LANCETS.....                        | 53             | <i>etoposide</i> .....                      | 18             |
| DUREX AVANTI BARE REAL                     | EMBRACE LANCING DEVICE..                    | 53             | EUTHYROX.....                               | 87             |
| FEEL.....                                  | EMBRACE PEN NEEDLE.....                     | 53             | <i>everolimus</i>                           |                |
| .....89                                    | EMBRACE SAFETY LANCET...                    | 53             | (immunosuppressive).....                    | 89             |
| <i>dutasteride</i> .....                   | EMCYT.....                                  | 18             | EVOTAZ.....                                 | 16, 89         |
| 87   | EMFLAZA.....                                | 74             | EXCEL SYRINGE.....                          | 53             |
| <i>dutasteride-tamsulosin</i> .....        | EMGALITY PEN.....                           | 41             | EXEL HYPODERMIC                             |                |
| 23, 87                                     | EMGALITY SYRINGE.....                       | 41             | NEEDLES.....                                | 53             |
| DY-O-DERM.....                             | EMSAM.....                                  | 42             | EXEL SYRINGE.....                           | 53             |
| 100  | <i>emtricitabine</i> .....                  | 15             | <i>exemestane</i> .....                     | 18, 75         |
| EASIVENT MASK LARGE.....                   | <i>emtricitabine-tenofovir (tdf)</i> .....  | 15             | EXTRANEAL 7.5 %.....                        | 64             |
| 52   | EMTRIVA.....                                | 15             | E-Z JECT LANCETS.....                       | 53             |
| EASIVENT MASK MEDIUM.....                  | EMVERM.....                                 | 12             | E-Z JECT THIN LANCETS.....                  | 53             |
| 52   | <i>enalapril maleate</i> .....              | 29             | EZ SMART LANCETS.....                       | 53             |
| EASIVENT MASK SMALL.....                   | <i>enalapril-hydrochlorothiazide</i> 29, 65 |                | <i>ezetimibe</i> .....                      | 31             |
| 52   | ENDOCET.....                                | 36, 43         | <i>ezetimibe-simvastatin</i> .....          | 31, 33         |
| EASY COMFORT ALCOHOL                       | ENFAMIL GLUCOSE.....                        | 63             | FALMINA (28).....                           | 78             |
| PAD.....                                   | ENGERIX-B (PF).....                         | 20             | <i>famciclovir</i> .....                    | 16             |
| 100  | ENGERIX-B PEDIATRIC (PF)...                 | 20             | <i>famotidine</i> .....                     | 72             |
| EASY COMFORT LANCETS.....                  | <i>enoxaparin</i> .....                     | 25             | FANAPT.....                                 | 39             |
| 53   | ENPRESSE.....                               | 77             | FANTASY CONDOM.....                         | 89             |
| EASY MINI EJECT LANCING                    | ENSKYCE.....                                | 77             | FARXIGA.....                                | 86             |
| DEVICE.....                                | <i>entacapone</i> .....                     | 41             | FASTEP COVID-19 AG HOME                     |                |
| 53   | <i>entecavir</i> .....                      | 16             | TEST.....                                   | 53             |
| EASY TOUCH.....                            | ENULOSE.....                                | 63             | FC2 FEMALE CONDOM.....                      | 89             |
| 53   | <i>epinastine</i> .....                     | 67             | <i>febuxostat</i> .....                     | 88             |
| EASY TOUCH ALCOHOL                         | <i>epinephrine</i> .....                    | 21, 90         | <i>felbamate</i> .....                      | 36             |
| PREP PADS.....                             | EPITOL.....                                 | 36, 37         | <i>felodipine</i> .....                     | 31, 33, 34, 35 |
| 100  | <i>eplerenone</i> .....                     | 34, 35         | FEMCAP.....                                 | 53, 89         |
| EASY TOUCH FLIPLOCK                        | <i>ergocalciferol (vitamin d2)</i> .....    | 104            | <i>fenofibrate</i> .....                    | 33             |
| SYRINGE.....                               | <i>ergoloid</i> .....                       | 23             | <i>fenofibrate micronized</i> .....         | 33             |
| 53   |   |                |   |                |
| EASY TOUCH FLURINGE.....                   |   |                |   |                |
| 53   |   |                |   |                |
| EASY TOUCH FLURINGE                        |   |                |   |                |
| FLIPLOCK.....                              |   |                |   |                |
| 53   |   |                |   |                |
| EASY TOUCH FLURINGE                        |   |                |   |                |
| SHEATHLOCK.....                            |   |                |   |                |
| 53   |   |                |   |                |
| EASY TOUCH LANCETS.....                    |   |                |   |                |
| 53   |   |                |   |                |
| EASY TOUCH LANCING                         |   |                |   |                |
| DEVICE.....                                |   |                |   |                |
| 53   |   |                |   |                |
| EASY TOUCH SAFETY                          |   |                |   |                |
| LANCETS.....                               |   |                |   |                |
| 53   |   |                |   |                |
| EASY TOUCH TUBERCULIN                      |   |                |   |                |
| FLIPLOCK.....                              |   |                |   |                |
| 53   |   |                |   |                |
| EASY TOUCH TUBERCULIN                      |   |                |   |                |
| SHEATHLK.....                              |   |                |   |                |
| 53   |   |                |   |                |
| EASY TOUCH TWIST                           |   |                |   |                |
| LANCETS.....                               |   |                |   |                |
| 53   |   |                |   |                |
| EASY TWIST AND CAP                         |   |                |   |                |
| LANCETS.....                               |   |                |   |                |
| 53   |   |                |   |                |

|   |                    |                                       |          |   |                    |
|---|--------------------|---------------------------------------|----------|---|--------------------|
| <i>fenofibrate nanocrystallized</i> ..... | 33                 | <i>fosinopril-hydrochlorothiazide</i> | 29, 65   | GLUCOSE BITS.....                         | 63                 |
| <i>fentanyl</i> .....                     | 43                 | .....                                 |          | GLUCOSE GEL.....                          | 63                 |
| <i>filter needles</i> .....               | 54                 | FREESTYLE CONTROL.....                | 54       | GLUCOSE KETONE                            |                    |
| <i>finasteride</i> .....                  | 87                 | FREESTYLE LANCETS.....                | 54       | CONTROL SOLN.....                         | 54                 |
| FINGERSTIX LANCETS.....                   | 54                 | FREESTYLE LIBRE 14 DAY                |          | GLUTOL GEL.....                           | 63                 |
| FINZALA.....                              | 78                 | READER.....                           | 54       | GLUTOSE-15.....                           | 63                 |
| FIRVANQ.....                              | 14                 | FREESTYLE LIBRE 14 DAY                |          | GLUTOSE-45.....                           | 63                 |
| <i>flavoxate</i> .....                    | 102                | SENSOR.....                           | 54       | GLUTOSE-5.....                            | 63                 |
| <i>flecainide</i> .....                   | 31                 | FREESTYLE LIBRE 2                     |          | <i>glyburide</i> .....                    | 86, 87             |
| FLEXICHAMBER-LG CHILD                     |                    | READER.....                           | 54       | <i>glyburide micronized</i> .....         | 86                 |
| MASK.....                                 | 54                 | FREESTYLE LIBRE 2                     |          | <i>glyburide-metformin</i> .....          | 76, 87             |
| FLEXICHAMBER-SM ADULT                     |                    | SENSOR.....                           | 54       | GLYCINE UROLOGIC.....                     | 64                 |
| MASK.....                                 | 54                 | FREESTYLE LIBRE 3                     |          | <i>glycine urologic solution</i> .....    | 64                 |
| FLEXICHAMBER-SM CHILD                     |                    | READER.....                           | 54       | <i>glycopyrrolate</i> .....               | 22                 |
| MASK.....                                 | 54                 | FREESTYLE LIBRE 3                     |          | GOJJI LANCETS.....                        | 54                 |
| FLOW-EZE VENTED NEEDLE..                  | 54                 | SENSOR.....                           | 54       | GOJJI LANCING DEVICE.....                 | 54                 |
| FLOWFLEX COVID-19 AG                      |                    | FREESTYLE UNISTIK 2.....              | 54       | <i>granisetron hcl</i> .....              | 70                 |
| HOME TEST.....                            | 54                 | <i>frovatriptan</i> .....             | 47       | <i>griseofulvin microsize</i> .....       | 12                 |
| <i>fluconazole</i> .....                  | 13                 | FULL SPECTRUM B-VITAMIN               |          | <i>griseofulvin ultramicrosize</i> .....  | 12                 |
| <i>flucytosine</i> .....                  | 17                 | C.....                                | 103, 104 | <i>guaiaicol</i> .....                    | 100                |
| <i>fludrocortisone</i> .....              | 74                 | <i>furosemide</i> .....               | 64       | GUAIFENESIN AC.....                       | 43, 91             |
| <i>flunisolide</i> .....                  | 68, 92             | FYAVOLV.....                          | 82, 85   | GUAIFENESIN DAC                           |                    |
| <i>fluocinolone</i> .....                 | 97                 | FYCOMPA.....                          | 36       | .....                                     | 21, 43, 90, 91, 92 |
| <i>fluocinolone acetonide oil</i> .....   | 68                 | G TUSSIN AC.....                      | 43, 91   | <i>guanfacine</i> .....                   | 31                 |
| <i>fluocinolone and shower cap</i> .....  | 97                 | <i>gabapentin</i> .....               | 36       | GYNAZOLE-1.....                           | 96                 |
| <i>fluocinonide</i> .....                 | 97                 | <i>galantamine</i> .....              | 23       | HAILEY.....                               | 78                 |
| FLUOCINONIDE-E.....                       | 97                 | GARDASIL 9 (PF).....                  | 20       | HAILEY 24 FE.....                         | 78                 |
| <i>fluocinonide-emollient</i> .....       | 97                 | <i>gatifloxacin</i> .....             | 67       | HAILEY FE 1.5/30 (28).....                | 78                 |
| <i>fluoride (sodium)</i> .....            | 88                 | GAVILAX.....                          | 71       | HAILEY FE 1/20 (28).....                  | 78                 |
| <i>fluorometholone</i> .....              | 68                 | GAVILYTE-C.....                       | 71       | <i>halcinonide</i> .....                  | 97                 |
| <i>fluorouracil</i> .....                 | 18                 | GAVILYTE-G.....                       | 71       | <i>halobetasol propionate</i> .....       | 97                 |
| <i>fluoxetine</i> .....                   | 47                 | <i>gemfibrozil</i> .....              | 33       | HALOETTE.....                             | 78                 |
| <i>fluphenazine decanoate</i> .....       | 45                 | GEMMILY.....                          | 78       | <i>haloperidol</i> .....                  | 41                 |
| <i>fluphenazine hcl</i> .....             | 45                 | GENABIO COVID-19 RAPID                |          | <i>haloperidol lactate</i> .....          | 41                 |
| <i>flurandrenolide</i> .....              | 97                 | AT-HOME.....                          | 54       | HAVRIX (PF).....                          | 20                 |
| <i>flurazepam</i> .....                   | 41                 | GENGRAF.....                          | 88, 89   | HEALTHY ACCENTS                           |                    |
| <i>flurbiprofen sodium</i> .....          | 69                 | <i>gentamicin</i> .....               | 67, 95   | AUTOLET.....                              | 54                 |
| <i>fluticasone furoate-vilanterol</i> 24, | 74                 | GENTLE LAXATIVE                       |          | HEALTHY ACCENTS UNILET                    |                    |
| <i>fluticasone propionate</i>             |                    | (BISACODYL).....                      | 71       | LANCET.....                               | 54                 |
| .....                                     | 69, 74, 92, 93, 97 | GENTLELAX.....                        | 71       | HEATHER.....                              | 78                 |
| <i>fluticasone propion-salmeterol</i>     |                    | GENVOYA.....                          | 14, 15   | HEMA-COMBISTIX.....                       | 63                 |
| .....                                     | 24, 74             | GILOTRIF.....                         | 18       | <i>heparin (porcine)</i> .....            | 25                 |
| <i>fluvastatin</i> .....                  | 33                 | <i>glimepiride</i> .....              | 86       | HEPLISAV-B (PF).....                      | 20                 |
| <i>fluvoxamine</i> .....                  | 47                 | <i>glipizide</i> .....                | 86       | HER STYLE.....                            | 78                 |
| <i>folic acid</i> .....                   | 103                | <i>glipizide-metformin</i> .....      | 75, 86   | HIBERIX (PF).....                         | 20                 |
| FOLITAB.....                              | 25                 | GLOSTRIPS.....                        | 62       | HOMATROPAIRE.....                         | 69                 |
| FOLTABS 800.....                          | 103                | GLUCAGEN HYPOKIT.....                 | 82       | <i>huber safety needles (disp.)</i> ..... | 54                 |
| FORA LANCING DEVICE.....                  | 54                 | GLUCAGON (HCL)                        |          | HUMULIN 70/30 U-100                       |                    |
| FORACARE LANCETS.....                     | 54                 | EMERGENCY KIT.....                    | 82       | INSULIN.....                              | 83, 84, 86         |
| FORANE.....                               | 42                 | GLUCAGON EMERGENCY                    |          | HUMULIN 70/30 U-100                       |                    |
| <i>formoterol fumarate</i> .....          | 24, 94             | KIT (HUMAN).....                      | 82       | KWIKPEN.....                              | 83, 84, 86         |
| <i>fosamprenavir</i> .....                | 16                 | <i>glucagon hcl</i> .....             | 62, 82   | HUMULIN N NPH INSULIN                     |                    |
| <i>fosinopril</i> .....                   | 29                 | GLUCO BURST.....                      | 63       | KWIKPEN.....                              | 83, 84             |
|   |                    | GLUCOCOM LANCETS.....                 | 54       | HUMULIN N NPH U-100                       |                    |
|   |                    | <i>glucose</i> .....                  | 63       | INSULIN.....                              | 83, 84             |



|  |   |            |   |                |
|--|---|------------|---|----------------|
| HUMULIN R REGULAR U-100                | <i>indapamide</i> .....                     | 66         | JUNEL FE 24.....                            | 78             |
| INSULN.....                            | INDICAID COVID-19 AG                        |            | KAITLIB FE.....                             | 78             |
| 83, 86                                 | HOME TEST.....                              | 54         | KALLIGA.....                                | 78             |
| HUMULIN R U-500 (CONC)                 | <i>indomethacin</i> .....                   | 88         | KALYDECO.....                               | 91             |
| INSULIN.....                           | INFANRIX (DTAP) (PF).....                   | 20         | KARIVA (28).....                            | 78             |
| 83, 86                                 | INJECT EASE LANCETS.....                    | 54         | KELNOR 1/35 (28).....                       | 78             |
| HUMULIN R U-500 (CONC)                 | INJECT-EASE.....                            | 54         | KELNOR 1-50 (28).....                       | 78             |
| KWIKPEN.....                           | INLYTA.....                                 | 18         | <i>ketoconazole</i> .....                   | 13, 96         |
| 83, 86                                 | INSTACLEAN.....                             | 100        | KETO-DIASTIX.....                           | 63             |
| HURRICAIN LUER-LOCK DIS                | <i>insulin asp prt-insulin aspart</i>       |            | KETONE CARE.....                            | 62             |
| CAP.....                               | .....                                       | 83, 84, 85 | KETONE URINE TEST.....                      | 62             |
| 54                                     | <i>insulin aspart u-100</i> .....           | 83, 85     | <i>ketorolac</i> .....                      | 69             |
| <i>hydralazine</i> .....               | <i>insulin lispro</i> .....                 | 83, 85, 86 | KETOSTIX.....                               | 62             |
| 33                                     | <i>insulin lispro protamin-lispro</i>       |            | KIMONO MICROTHIN AQUA                       |                |
| <i>hydrochlorothiazide</i> .....       | .....                                       | 83, 84, 85 | LUBE CON.....                               | 89             |
| 65                                     | INSULIN SYRINGE                             |            | KIMONO MICROTHIN                            |                |
| <i>hydrocodone bitartrate</i> .....    | MICROFINE.....                              | 55         | CONDOMS.....                                | 89             |
| 43                                     | INTEGRA SYRINGE.....                        | 55         | KIMONO MICROTHIN LARGE                      |                |
| <i>hydrocodone-acetaminophen</i>       | INTELISWAB COVID-19                         |            | CONDOMS.....                                | 89             |
| .....                                  | HOME TEST.....                              | 55         | KIMONO TEXTURED                             |                |
| 36, 43                                 | INTERLINK SYRINGE                           |            | CONDOMS.....                                | 90             |
| <i>hydrocodone-chlorpheniramine</i>    | CANNULA.....                                | 55         | KINRIX (PF).....                            | 20             |
| .....                                  | INVACARE LANCETS.....                       | 55         | KLOR-CON 10.....                            | 65             |
| 11, 43, 91, 92                         | INVEGA SUSTENNA.....                        | 39         | KLOR-CON 8.....                             | 65             |
| <i>hydrocodone-ibuprofen</i> .....     | INVEGA TRINZA.....                          | 39         | KLOR-CON M10.....                           | 65             |
| 43, 45                                 | IPOL.....                                   | 20         | KLOR-CON M15.....                           | 65             |
| <i>hydrocortisone</i> .....            | <i>ipratropium bromide</i> .....            | 22, 69, 90 | KLOR-CON M20.....                           | 65             |
| 74, 98                                 | <i>ipratropium-albuterol</i> 22, 24, 90, 94 |            | KLOR-CON/EF.....                            | 65             |
| <i>hydrocortisone acetate</i> .....    | <i>irbesartan</i> .....                     | 28         | KOBEE.....                                  | 103            |
| 97                                     | <i>irbesartan-hydrochlorothiazide</i>       |            | KURVELO (28).....                           | 78             |
| <i>hydrocortisone butyrate</i> .....   | .....                                       | 28, 65     | <i>l norgest/e.estradiol-e.estrad</i> ..... | 78             |
| 98                                     | ISENTRESS.....                              | 14         | <i>labetalol</i> .....                      | 23, 27, 30, 32 |
| <i>hydrocortisone valerate</i> .....   | ISIBLOOM.....                               | 78         | LABSTIX REAGENT.....                        | 63             |
| 98                                     | <i>isoflurane</i> .....                     | 42         | <i>lactulose</i> .....                      | 63             |
| <i>hydrocortisone-acetic acid</i> .... | <i>isoniazid</i> .....                      | 13         | LAGEVRIO (EUA).....                         | 16             |
| 68, 69                                 | <i>isopropyl alcohol</i> .....              | 100        | <i>lamivudine</i> .....                     | 15             |
| <i>hydrogen peroxide</i> .....         | <i>isosorbide dinitrate</i> .....           | 34         | <i>lamivudine-zidovudine</i> .....          | 15             |
| 69                                     | <i>isosorbide mononitrate</i> .....         | 34         | <i>lamotrigine</i> .....                    | 36, 37         |
| HYDROMET.....                          | <i>isotretinoin</i> .....                   | 101        | <i>lancets</i> .....                        | 55             |
| 22, 43, 91                             | IV PREP WIPES.....                          | 100        | LANCETS, SUPER THIN.....                    | 55             |
| <i>hydromorphone</i> .....             | <i>ivermectin</i> .....                     | 12, 101    | LANCETS, THIN.....                          | 55             |
| 43                                     | IXIARO (PF).....                            | 20         | LANCETS, ULTRA THIN.....                    | 55             |
| <i>hydroxychloroquine</i> .....        | JAIMIESS.....                               | 78         | <i>lancing device</i> .....                 | 55             |
| 13, 89                                 | JAKAFI.....                                 | 18         | <i>lancing device with lancets</i> .....    | 55             |
| <i>hydroxypropyl cellulose</i> .....   | JANTOVEN.....                               | 25         | LANCING SYSTEM.....                         | 55             |
| 90                                     | JARDIANCE.....                              | 86         | <i>lansoprazole</i> .....                   | 72             |
| <i>hydroxyurea</i> .....               | JASMIEL (28).....                           | 78         | <i>lanthanum</i> .....                      | 64             |
| 18                                     | JENCYCLA.....                               | 78         | LANZO LANCING DEVICE.....                   | 55             |
| <i>hydroxyzine hcl</i> .....           | JOLESSA.....                                | 78         | <i>lapatinib</i> .....                      | 18             |
| 11, 39                                 | JULEBER.....                                | 78         | LARIN 1.5/30 (21).....                      | 78             |
| <i>hydroxyzine pamoate</i> .....       | JULUCA.....                                 | 14         | LARIN 1/20 (21).....                        | 78             |
| 11, 39                                 | JUNEL 1.5/30 (21).....                      | 78         | LARIN 24 FE.....                            | 78             |
| <i>hyoscyamine sulfate</i> .....       | JUNEL 1/20 (21).....                        | 78         | LARIN FE 1.5/30 (28).....                   | 78             |
| 22                                     | JUNEL FE 1.5/30 (28).....                   | 78         | LARIN FE 1/20 (28).....                     | 79             |
| HYOSYNE.....                           | JUNEL FE 1/20 (28).....                     | 78         |   |                |
| 22                                     |   |            |   |                |
| HYPODERMIC NEEDLES.....                |   |            |   |                |
| 54                                     |   |            |   |                |
| HYPOLANCE AST LANCING....              |   |            |   |                |
| 54                                     |   |            |   |                |
| <i>hypromellose</i> .....              |   |            |   |                |
| 90                                     |   |            |   |                |
| <i>ibandronate</i> .....               |   |            |   |                |
| 88                                     |   |            |   |                |
| IBRANCE.....                           |   |            |   |                |
| 18                                     |   |            |   |                |
| <i>ibuprofen-famotidine</i> .....      |   |            |   |                |
| 45, 72                                 |   |            |   |                |
| ICLEVIA.....                           |   |            |   |                |
| 78                                     |   |            |   |                |
| IHEALTH COVID-19 AG HOME               |   |            |   |                |
| TEST.....                              |   |            |   |                |
| 54                                     |   |            |   |                |
| <i>imatinib</i> .....                  |   |            |   |                |
| 18                                     |   |            |   |                |
| IMBRUVICA.....                         |   |            |   |                |
| 18                                     |   |            |   |                |
| <i>imipramine hcl</i> .....            |   |            |   |                |
| 48                                     |   |            |   |                |
| <i>imipramine pamoate</i> .....        |   |            |   |                |
| 48                                     |   |            |   |                |
| IMOVAX RABIES VACCINE                  |   |            |   |                |
| (PF).....                              |   |            |   |                |
| 20                                     |   |            |   |                |
| INCASSIA.....                          |   |            |   |                |
| 78                                     |   |            |   |                |
| INCONTROL ALCOHOL PADS                 |   |            |   |                |
| .....                                  |   |            |   |                |
| 100                                    |   |            |   |                |
| INCONTROL LANCING                      |   |            |   |                |
| DEVICE.....                            |   |            |   |                |
| 54                                     |   |            |   |                |
| INCONTROL SUPER THIN                   |   |            |   |                |
| LANCETS.....                           |   |            |   |                |
| 54                                     |   |            |   |                |
| INCONTROL ULTRA THIN                   |   |            |   |                |
| LANCETS.....                           |   |            |   |                |
| 54                                     |   |            |   |                |

|  |            |                                       |                |
|--|------------|---------------------------------------|----------------|
| LASTACAFT ONCE DAILY                         |            |                                       |                |
| RELIEF .....                                 | 67         | LOW-OGESTREL (28).....                | 79             |
| <i>latanoprost</i> .....                     | 70         | LO-ZUMANDIMINE (28).....              | 79             |
| LAXATIVE (BISACODYL).....                    | 71         | LUDENT FLUORIDE.....                  | 88             |
| LAXATIVE PEG 3350.....                       | 71         | LUER LOCK SYRINGE.....                | 55             |
| LAYOLIS FE.....                              | 79         | LUER-LOK TIP.....                     | 55             |
| LEENA 28.....                                | 79         | <i>luliconazole</i> .....             | 96             |
| <i>leflunomide</i> .....                     | 89         | <i>lurasidone</i> .....               | 39             |
| <i>lenalidomide</i> .....                    | 19, 89     | LUTERA (28).....                      | 79             |
| LENVIMA.....                                 | 19         | LYLEQ.....                            | 79             |
| LESSINA.....                                 | 79         | LYSODREN.....                         | 19             |
| <i>letrozole</i> .....                       | 19, 75     | LYZA.....                             | 79             |
| LEUKERAN.....                                | 19         | MAGELLAN SAFETY                       |                |
| <i>levabuterol tartrate</i> .....            | 24, 94     | SYRINGE.....                          | 55             |
| <i>levetiracetam</i> .....                   | 36         | MAGELLAN SYRINGE.....                 | 55             |
| <i>levobunolol</i> .....                     | 68         | MAGELLAN TUBERCULIN                   |                |
| <i>levocetirizine</i> .....                  | 11, 93     | SAFETY SYR.....                       | 55             |
| <i>levofloxacin</i> .....                    | 13, 17, 67 | <i>magnesium citrate</i> .....        | 71             |
| LEVONEST (28).....                           | 79         | <i>magnesium hydroxide</i> .....      | 71             |
| <i>levonorgestrel</i> .....                  | 79         | <i>malathion</i> .....                | 101            |
| <i>levonorgestrel-ethinyl estrad</i> .....   | 79         | <i>maraviroc</i> .....                | 14             |
| <i>levonorg-eth estrad triphasic</i> .....   | 79         | MARLISSA (28).....                    | 79             |
| LEVORA-28.....                               | 79         | MATULANE.....                         | 19             |
| <i>levorphanol tartrate</i> .....            | 43         | MATZIM LA.....                        | 31, 32         |
| <i>levothyroxine</i> .....                   | 87         | MAVYRET.....                          | 14             |
| LEVOXYL.....                                 | 87         | MAXI-TUSS AC.....                     | 43, 91, 92     |
| <i>lidocaine</i> .....                       | 95         | MD-GASTROVIEW.....                    | 62             |
| <i>lidocaine hcl</i> .....                   | 69, 95     | <i>meclizine</i> .....                | 11, 70         |
| LIDOCAINE VISCOUS.....                       | 69         | MEDISENSE MID CONTROL... 55           |                |
| <i>lidocaine-prilocaine</i> .....            | 95         | MEDISENSE THIN LANCETS... 55          |                |
| LIDOPIN.....                                 | 95         | MEDLANCE PLUS LANCETS... 55           |                |
| LIFESHIELD BLUNT                             |            | MEDLANCE PLUS SPECIAL                 |                |
| CANNULA.....                                 | 55         | BLADE.....                            | 55             |
| <i>linezolid</i> .....                       | 17         | <i>medroxyprogesterone</i> .....      | 85             |
| <i>liothyronine</i> .....                    | 87         | <i>mefloquine</i> .....               | 13             |
| <i>lisinopril</i> .....                      | 29         | <i>megestrol</i> .....                | 19, 85         |
| <i>lisinopril-hydrochlorothiazide</i> 29, 65 |            | MEKINIST.....                         | 19             |
| LITE TOUCH-MEDIUM MASK... 55                 |            | <i>memantine</i> .....                | 41             |
| LITETOUCH-LARGE MASK..... 55                 |            | MENQUADFI (PF).....                   | 20             |
| LITETOUCH-SMALL MASK..... 55                 |            | MENTAX.....                           | 96             |
| <i>lithium carbonate</i> .....               | 37         | MENVEO A-C-Y-W-135-DIP                |                |
| LO LOESTRIN FE.....                          | 79         | (PF).....                             | 20             |
| LOESTRIN 1.5/30 (21).....                    | 79         | <i>mercaptopurine</i> .....           | 19             |
| LOESTRIN 1/20 (21).....                      | 79         | MERZEE.....                           | 79             |
| LOESTRIN FE 1.5/30 (28-DAY) 79               |            | <i>mesalamine</i> .....               | 70             |
| LOESTRIN FE 1/20 (28-DAY).... 79             |            | <i>mesalamine with cleansing</i>      |                |
| LOJAIMIESS.....                              | 79         | <i>wipe</i> .....                     | 70             |
| <i>loperamide</i> .....                      | 70         | METADATE ER.....                      | 45             |
| <i>lopinavir-ritonavir</i> .....             | 16         | <i>metaxalone</i> .....               | 22             |
| <i>lorazepam</i> .....                       | 40, 41     | <i>metformin</i> .....                | 76             |
| LORYNA (28).....                             | 79         | <i>methadone</i> .....                | 43             |
| <i>losartan</i> .....                        | 28         | METHADONE INTENSOL..... 43            |                |
| <i>losartan-hydrochlorothiazide</i> 28, 66   |            | <i>methamphetamine</i> .....          | 36             |
| <i>loteprednol etabonate</i> .....           | 69         | <i>methazolamide</i> .....            | 68             |
| <i>lovastatin</i> .....                      | 33         | <i>methimazole</i> .....              | 75             |
|  |            | <i>methocarbamol</i> .....            | 22             |
|  |            | <i>methotrexate sodium</i> .....      | 19             |
|  |            | <i>methscopolamine</i> .....          | 22             |
|  |            | <i>methyldopa</i> .....               | 21, 31         |
|  |            | <i>methylergonovine</i> .....         | 90             |
|  |            | <i>methylphenidate hcl</i> .....      | 45, 46         |
|  |            | <i>methylprednisolone</i> .....       | 74             |
|  |            | <i>methyltestosterone</i> .....       | 75             |
|  |            | <i>metoclopramide hcl</i> .....       | 72             |
|  |            | <i>metolazone</i> .....               | 66             |
|  |            | <i>metoprolol succinate</i> .....     | 24, 30, 32     |
|  |            | <i>metoprolol ta-hydrochlorothiaz</i> |                |
|  |            | .....                                 | 24, 30, 32, 66 |
|  |            | <i>metoprolol tartrate</i> .....      | 25, 30, 32     |
|  |            | MIBELAS 24 FE.....                    | 79             |
|  |            | MICRO THIN LANCETS.....               | 55             |
|  |            | MICROGESTIN 1.5/30 (21).....          | 79             |
|  |            | MICROGESTIN 1/20 (21).....            | 79             |
|  |            | MICROGESTIN 24 FE.....                | 79             |
|  |            | MICROGESTIN FE 1.5/30 (28).. 79       |                |
|  |            | MICROGESTIN FE 1/20 (28).... 79       |                |
|  |            | MICROLET 2 LANCING                    |                |
|  |            | DEVICE.....                           | 55             |
|  |            | MICROLET LANCET.....                  | 55             |
|  |            | MICROLET NEXT LANCING                 |                |
|  |            | DEVICE.....                           | 55             |
|  |            | <i>midazolam</i> .....                | 41             |
|  |            | <i>midazolam (pf)</i> .....           | 41             |
|  |            | <i>midodrine</i> .....                | 21             |
|  |            | <i>miglitol</i> .....                 | 74             |
|  |            | MILI.....                             | 79             |
|  |            | MILK OF MAGNESIA.....                 | 71             |
|  |            | MILK OF MAGNESIA                      |                |
|  |            | CONCENTRATED.....                     | 71             |
|  |            | MIMVEY.....                           | 82, 85         |
|  |            | MINI LANCING DEVICE.....              | 55             |
|  |            | MINI TRANSFER PIN.....                | 55             |
|  |            | MINIMED QUICK-SERTER                  |                |
|  |            | (MMT-395).....                        | 55             |
|  |            | <i>minocycline</i> .....              | 17             |
|  |            | <i>minoxidil</i> .....                | 33             |
|  |            | MIRENA.....                           | 106            |
|  |            | <i>mirtazapine</i> .....              | 37             |
|  |            | <i>misoprostol</i> .....              | 72             |
|  |            | M-M-R II (PF).....                    | 20             |
|  |            | MOBILE LANCETS.....                   | 55             |
|  |            | <i>modafinil</i> .....                | 49             |
|  |            | <i>mometasone</i> .....               | 69, 92, 98     |
|  |            | MONOJECT 0.9% SODIUM                  |                |
|  |            | CHLORIDE.....                         | 55             |
|  |            | MONOJECT 140CC PISTON                 |                |
|  |            | SYRINGE.....                          | 55             |
|  |            | MONOJECT 35CC SYRINGE                 |                |
|  |            | CATH TIP.....                         | 56             |
|  |            | MONOJECT 3CC SYR 25GX1"..... 56       |                |
|  |            | MONOJECT ALLERGY TRAY... 56           |                |

|                              |   |   |
|------------------------------|---|---|
| MONOJECT ALLERGY TRAY        | MONOJECT TUBERCULIN                       | <i>neomycin-bacitracin-poly-hc</i> .67, 69    |
| DETACH.....56                | SYRINGE..... 57                           | <i>neomycin-bacitracin-polymyxin</i> .. 67    |
| MONOJECT BLOOD               | MONOLET LANCETS..... 57                   | <i>neomycin-polymyxin b-</i>                  |
| COLLECTION..... 56           | MONOLET THIN LANCETS..... 57              | <i>dexameth</i> ..... 67, 69                  |
| MONOJECT BLUNT               | MONO-LINYAH..... 79                       | <i>neomycin-polymyxin-gramicidin</i> . 67     |
| CANNULAS.....56              | MONSEL'S..... 25                          | <i>neomycin-polymyxin-hc</i> .....67, 69      |
| MONOJECT CONTROL             | <i>montelukast</i> .....92                | NEO-POLYCIN.....67                            |
| SYRINGE LUER.....56          | <i>morphine</i> ..... 44                  | NEO-POLYCIN HC..... 67, 69                    |
| MONOJECT DISPOSABLE          | <i>morphine concentrate</i> .....44       | NEUPRO.....43                                 |
| SYRINGE..... 56              | MOTOFEN..... 70                           | <i>nevirapine</i> ..... 15                    |
| MONOJECT ECCENTRIC           | MOUNJARO.....83                           | NEW DAY.....80                                |
| NON-STERILE..... 56          | MOUTHPIECE..... 57                        | NEXTSTELLIS..... 80                           |
| MONOJECT FILTER              | <i>moxifloxacin</i> .....67               | <i>niacin</i> .....29                         |
| ASPIRATOR.....56             | MULTI-DRAW NEEDLE..... 57                 | <i>nifedipine</i> ..... 31, 33, 34, 35        |
| MONOJECT FILTER NEEDLE.. 56  | MULTI-LANCET DEVICE 2..... 57             | NIKKI (28)..... 80                            |
| MONOJECT HYPODERMIC          | MULTISTIX.....63                          | <i>nilutamide</i> ..... 19                    |
| NEEDLES..... 56              | MULTISTIX 10 SG..... 63                   | NITRO-DUR..... 34                             |
| MONOJECT HYPODERMIC          | MULTISTIX 5.....63                        | <i>nitrofurantoin</i> ..... 18                |
| POLYPROPYL..... 56           | MULTISTIX 7.....63                        | <i>nitrofurantoin macrocrystal</i> ..... 18   |
| MONOJECT LUER-LOCK TIP... 56 | MULTISTIX 8 SG..... 63                    | <i>nitrofurantoin monohyd/m-cryst</i> .. 18   |
| MONOJECT MAGELLAN            | MULTISTIX 9.....63                        | <i>nitroglycerin</i> ..... 34                 |
| SYRINGE..... 56              | MULTISTIX 9 SG..... 63                    | NITRO-TIME..... 34                            |
| MONOJECT MEDICATION          | MULTI-VIT WITH FLUORIDE-                  | <i>nizatidine</i> ..... 72                    |
| TRANSF NDL.....56            | IRON..... 25, 88, 102                     | NOCDURNA (MEN)..... 25, 85                    |
| MONOJECT PHARMACY            | MULTI-VITAMIN WITH                        | NOCDURNA (WOMEN)..... 25, 85                  |
| TRAY LUER..... 56            | FLUORIDE..... 88, 102                     | NOKOR NEEDLE.....57                           |
| MONOJECT PHARMACY            | <i>mupirocin</i> .....95                  | NORA-BE.....80                                |
| TRAY REG TIP..... 56         | MURI-LUBE.....96                          | <i>noreth-ethinyl estradiol-iron</i> .....80  |
| MONOJECT PREFILL             | MVC-FLUORIDE..... 88, 102                 | <i>norethindrone (contraceptive)</i> .... 80  |
| ADVANCED NS..... 56          | MY CHOICE..... 79                         | <i>norethindrone acetate</i> ..... 85         |
| MONOJECT REG TIP NON-        | MY WAY.....79                             | <i>norethindrone ac-eth estradiol</i>         |
| STERILE..... 56              | MYGLUCOHEALTH LANCETS. 57                 | .....80, 82, 85                               |
| MONOJECT REGULAR LUER.. 56   | MYLERAN..... 19                           | <i>norethindrone-e.estradiol-iron</i> .... 80 |
| MONOJECT SAFETY LUER         | MYRBETRIQ..... 102                        | <i>norgestimate-ethinyl estradiol</i> .... 80 |
| LOCK TIP.....56              | <i>nadolol</i> .....30, 32                | NORMAL SALINE FLUSH..... 57                   |
| MONOJECT SAFETY              | <i>naftifine</i> .....94                  | NORPACE CR..... 31                            |
| SYRINGES.....56              | <i>nalmefene</i> ..... 44                 | NORTREL 0.5/35 (28).....80                    |
| MONOJECT SYRINGE..... 56     | <i>naloxone</i> ..... 44, 87              | NORTREL 1/35 (21).....80                      |
| MONOJECT SYRINGE             | <i>naproxen-esomeprazole</i> .....45, 72  | NORTREL 1/35 (28).....80                      |
| ECCENTRI LUER..... 56        | <i>naratriptan</i> ..... 47               | NORTREL 7/7/7 (28).....80                     |
| MONOJECT SYRINGE LUER        | NARCAN..... 44, 87                        | <i>nortriptyline</i> .....48                  |
| LOK..... 56                  | NATACYN..... 68                           | NORVIR..... 16                                |
| MONOJECT SYRINGE             | NATAZIA..... 79                           | NOVA SAFETY LANCETS.....57                    |
| REGULAR LUER..... 56         | <i>nateglinide</i> ..... 84               | NOVA SUREFLEX LANCETS...57                    |
| MONOJECT SYRINGE             | NATURA-LAX.....71                         | NOVAMAX PLUS KETONE..... 57                   |
| TOOMEY TYPE..... 56          | NAYZILAM..... 40, 41                      | NOVOFINE 32.....57                            |
| MONOJECT TB.....56           | NEBUSAL..... 57                           | NOVOFINE PLUS..... 57                         |
| MONOJECT TB LUER LOK.....56  | NECON 0.5/35 (28).....80                  | NOVOLIN 70/30 U-100                           |
| MONOJECT TB REGULAR          | <i>needle (disp) 16 g</i> ..... 57        | INSULIN..... 83, 84, 86                       |
| LUER TIP..... 56             | <i>needle (disp) 18 g</i> ..... 57        | NOVOLIN 70-30 FLEXPEN U-                      |
| MONOJECT TB SAFETY           | <i>needle (disp) 19 g</i> ..... 57        | 100..... 83, 84, 86                           |
| SYRINGE.....57               | <i>needle (disp) 23 gauge</i> ..... 57    | NOVOLIN N FLEXPEN..... 83, 84                 |
| MONOJECT TIP                 | <i>needles, huber disposable</i> ..... 57 | NOVOLIN N NPH U-100                           |
| CAPS/FLEX/LUER.....57        | <i>nefazodone</i> ..... 48                | INSULIN..... 83, 84                           |
|                              | <i>neomycin</i> ..... 12                  |   |

|  |                  |  |
|--|------------------|--|
| NOVOLIN R REGULAR U100                           |                  |  |
| INSULIN.....                                     | 83, 86           |  |
| NP THYROID.....                                  | 87               |  |
| NYAMYC.....                                      | 101              |  |
| NYLIA 1/35 (28).....                             | 80               |  |
| NYLIA 7/7/7 (28).....                            | 80               |  |
| NYMYO.....                                       | 80               |  |
| <i>nystatin</i> .....                            | 17, 101          |  |
| <i>nystatin-triamcinolone</i> .....              | 101              |  |
| NYSTOP.....                                      | 101              |  |
| OCELLA.....                                      | 80               |  |
| OCUCOAT.....                                     | 69               |  |
| ODEFSEY.....                                     | 15               |  |
| OFEV.....  | 91               |  |
| <i>ofloxacin</i> .....                           | 17, 67           |  |
| OGSIVEO.....                                     | 19               |  |
| <i>olanzapine</i> .....                          | 37, 39           |  |
| <i>olanzapine-fluoxetine</i> .....               | 39, 47           |  |
| <i>olmesartan</i> .....                          | 28               |  |
| <i>olmesartan-amlodipin-hcthiazid</i><br>.....   | 28, 31, 33, 66   |  |
| <i>olmesartan-hydrochlorothiazide</i><br>.....   | 28, 66           |  |
| <i>olopatadine</i> .....                         | 67               |  |
| <i>omeprazole</i> .....                          | 73               |  |
| <i>omeprazole magnesium</i> .....                | 73               |  |
| <i>omeprazole-sodium<br/>bicarbonate</i> .....   | 73               |  |
| OMNIPOD 5 G6 INTRO KIT<br>(GEN 5).....           | 57               |  |
| OMNIPOD 5 G6 PODS (GEN<br>5).....                | 57               |  |
| OMNIPOD DASH INTRO KIT<br>(GEN 4).....           | 57               |  |
| OMNIPOD DASH PDM KIT<br>(GEN 4).....             | 57               |  |
| OMNIPOD DASH PODS (GEN<br>4).....                | 57               |  |
| OMNITROPE.....                                   | 85               |  |
| ON CALL LANCET.....                              | 57               |  |
| ON CALL LANCING DEVICE.....                      | 57               |  |
| ON CALL PLUS LANCET.....                         | 57               |  |
| ON CALL PLUS LANCING<br>DEVICE.....              | 57               |  |
| <i>ondansetron</i> .....                         | 70               |  |
| <i>ondansetron hcl</i> .....                     | 70               |  |
| ONE DAILY PRENATAL<br>.....                      | 26, 65, 102, 103 |  |
| ONE WAY VALVED<br>MOUTHPIECE.....                | 57               |  |
| ONETOUCH DELICA PLUS<br>LANC DEV.....            | 57               |  |
| ONETOUCH DELICA PLUS<br>LANCET.....              | 57               |  |
| ONETOUCH VERIO FLEX<br>METER.....                | 57               |  |
| ONETOUCH VERIO HIGH<br>CONTROL.....              | 57               |  |
| ONETOUCH VERIO MID<br>CONTROL.....               | 57               |  |
| ONETOUCH VERIO TEST<br>STRIPS.....               | 62               |  |
| ON-GO COVID-19 AG AT<br>HOME TEST.....           | 58               |  |
| ON-THE-GO LANCETS.....                           | 58               |  |
| OPCICON ONE-STEP.....                            | 80               |  |
| OPTICHAMBER ADULT<br>MASK-LARGE.....             | 58               |  |
| OPTICHAMBER DIAMOND LG<br>MASK.....              | 58               |  |
| OPTICHAMBER DIAMOND-<br>MED MSK.....             | 58               |  |
| OPTICHAMBER DIAMOND-<br>SML MASK.....            | 58               |  |
| OPTION-2.....                                    | 80               |  |
| OPVEE.....                                       | 44               |  |
| ORAL SALINE LAXATIVE.....                        | 71               |  |
| ORALONE.....                                     | 98               |  |
| ORENITRAM.....                                   | 35, 94           |  |
| ORLISSA.....                                     | 75               |  |
| ORKAMBI.....                                     | 91               |  |
| OSCIMIN.....                                     | 22               |  |
| OSCIMIN SL.....                                  | 22               |  |
| <i>oseltamivir</i> .....                         | 16               |  |
| OSPHERA.....                                     | 82               |  |
| OTEZLA.....                                      | 89, 102          |  |
| <i>oxazepam</i> .....                            | 41               |  |
| <i>oxiconazole</i> .....                         | 96               |  |
| <i>oxybutynin chloride</i> .....                 | 102              |  |
| <i>oxycodone</i> .....                           | 44               |  |
| <i>oxycodone-acetaminophen</i> ..                | 36, 44           |  |
| <i>oxymorphone</i> .....                         | 44               |  |
| OZEMPIC.....                                     | 83               |  |
| PACERONE.....                                    | 32               |  |
| <i>paliperidone</i> .....                        | 39               |  |
| PANDA MASK.....                                  | 58               |  |
| <i>pantoprazole</i> .....                        | 73               |  |
| PARAGARD T 380A.....                             | 106              |  |
| <i>paroxetine hcl</i> .....                      | 48               |  |
| PASER.....                                       | 13               |  |
| PEDIARIX (PF).....                               | 20               |  |
| PEDIATRIC MEDIUM MASK.....                       | 58               |  |
| PEDIATRIC PANDA MASK.....                        | 58               |  |
| PEDIATRIC SMALL MASK.....                        | 58               |  |
| PEDVAX HIB (PF).....                             | 20               |  |
| <i>peg 3350-electrolytes</i> .....               | 71               |  |
| <i>peg3350-sod sul-nacl-kcl-asb-c</i> ..         | 71               |  |
| PEGASYS.....                                     | 16               |  |
| <i>peg-electrolyte soln</i> .....                | 71               |  |
| <i>penciclovir</i> .....                         | 95               |  |
| <i>penicillamine</i> .....                       | 73               |  |
| <i>penicillin v potassium</i> .....              | 16               |  |
| PENTACEL (PF).....                               | 20               |  |
| PENTACEL ACTHIB<br>COMPONENT (PF).....           | 20               |  |
| <i>pentoxifylline</i> .....                      | 25               |  |
| <i>permethrin</i> .....                          | 101              |  |
| <i>perphenazine</i> .....                        | 45               |  |
| <i>perphenazine-amitriptyline</i> ...            | 45, 48           |  |
| <i>phenazopyridine</i> .....                     | 95               |  |
| <i>phenelzine</i> .....                          | 42               |  |
| <i>phenobarbital</i> .....                       | 40               |  |
| <i>phenoxybenzamine</i> .....                    | 23, 34           |  |
| <i>phenytoin</i> .....                           | 31, 42           |  |
| <i>phenytoin sodium extended</i> ..              | 31, 42           |  |
| PHILITH.....                                     | 80               |  |
| PHOSPHATE LAXATIVE.....                          | 71               |  |
| PHOSPHOLINE IODIDE.....                          | 69               |  |
| <i>phytonadione (vitamin k1)</i> .....           | 105              |  |
| PIFELTRO.....                                    | 15               |  |
| <i>pilocarpine hcl</i> .....                     | 23, 69           |  |
| PILOT COVID-19 AT-HOME<br>TEST.....              | 58               |  |
| PIMTREA (28).....                                | 80               |  |
| <i>pioglitazone</i> .....                        | 87               |  |
| <i>pioglitazone-glimepiride</i> .....            | 87               |  |
| <i>pioglitazone-metformin</i> .....              | 76, 87           |  |
| PIP LANCET.....                                  | 58               |  |
| PLAN B ONE-STEP.....                             | 80               |  |
| PLENVU.....                                      | 71               |  |
| PNEUMOVAX-23.....                                | 21               |  |
| <i>pnv cmb#95-ferrous fumarate-<br/>fa</i> ..... | 26, 102, 103     |  |
| POLY HUB NEEDLE.....                             | 58               |  |
| POLYCIN.....                                     | 67               |  |
| <i>polyethylene glycol 3350</i> .....            | 71               |  |
| <i>polymyxin b sulf-trimethoprim</i> ....        | 67               |  |
| POMALYST.....                                    | 19, 89           |  |
| PORTIA 28.....                                   | 80               |  |
| <i>potassium chloride</i> .....                  | 65               |  |
| <i>potassium citrate</i> .....                   | 63               |  |
| <i>potassium iodide</i> .....                    | 13, 75, 92       |  |
| POWDERLAX.....                                   | 71               |  |
| <i>pramipexole</i> .....                         | 43               |  |
| <i>prasugrel</i> .....                           | 26               |  |
| <i>pravastatin</i> .....                         | 33               |  |
| <i>praziquantel</i> .....                        | 12               |  |
| <i>prazosin</i> .....                            | 23, 27           |  |
| PRECISION XTRA B-KETONE..                        | 58               |  |
| <i>prednicarbate</i> .....                       | 98               |  |
| <i>prednisolone</i> .....                        | 74               |  |
| <i>prednisolone acetate</i> .....                | 69               |  |

|                                       |   |  |                    |
|---------------------------------------|---|--|--------------------|
| <i>prednisolone sodium phosphate</i>  | PRODIGY TWIST TOP                           | RELION GLUCOSE.....                        | 63, 104            |
| .....69, 74                           | LANCET.....                                 | RENA-VITE.....                             | 104                |
| <i>prednisone</i> .....               | <i>progesterone micronized</i> .....        | <i>repaglinide</i> .....                   | 84                 |
| 74                                    | PROMACTA.....                               | REPATHA PUSHTRONEX.....                    | 34                 |
| PREDNISONE INTENSOL.....              | <i>promethazine</i> .....                   | REVLIMID.....                              | 19, 89             |
| 74                                    | 11, 39, 92                                  | REZVOGLAR KWIKPEN.....                     | 83, 84             |
| <i>pregabalin</i> .....               | PROMETHAZINE VC.....                        | <i>ribavirin</i> .....                     | 16                 |
| 42                                    | 11, 21, 92                                  | <i>rifabutin</i> .....                     | 13, 17             |
| PREHEVBRIO (PF).....                  | <i>promethazine-codeine</i> ....            | <i>rifampin</i> .....                      | 13, 17             |
| 21                                    | 44, 91, 92                                  | RIGHTEST GD500 LANCING                     |                    |
| PRENATAL.....                         | <i>promethazine-dm</i> .....                | DEVICE.....                                | 58                 |
| 26, 103, 104                          | 11, 91, 92                                  | RIGHTEST GL300 LANCETS....                 | 58                 |
| PRENATAL COMPLETE                     | PROMETHEGAN.....                            | <i>rimantadine</i> .....                   | 12                 |
| .....26, 65, 102, 103                 | 11, 39                                      | <i>risedronate</i> .....                   | 88                 |
| PRENATAL MULTI-DHA                    | <i>propafenone</i> .....                    | RISPERDAL CONSTA.....                      | 38, 40             |
| (ALGAL OIL).....                      | 32  | <i>risperidone</i> .....                   | 38, 40             |
| 26, 102, 103                          | <i>proparacaine</i> .....                   | <i>ritonavir</i> .....                     | 16                 |
| PRENATAL MULTIVITAMINS                | <i>propranolol</i> .....                    | <i>rivastigmine tartrate</i> .....         | 23                 |
| .....26, 102, 103                     | 23, 30, 32, 34, 38                          | RIVELSA.....                               | 80                 |
| PRENATAL ONE DAILY                    | <i>propranolol-hydrochlorothiazid</i>       | <i>rizatriptan</i> .....                   | 47                 |
| .....26, 65, 103, 104                 | .....23, 30, 32, 66                         | <i>roflumilast</i> .....                   | 93                 |
| PRENATAL TABLET                       | <i>propylthiouracil</i> .....               | <i>ropinirole</i> .....                    | 43                 |
| .....26, 65, 103, 104                 | 75  | <i>rosuvastatin</i> .....                  | 33                 |
| <i>prenatal vit no.179-iron-folic</i> | PROQUAD (PF).....                           | ROTARIX.....                               | 21                 |
| .....26, 103, 104                     | 21  | ROTATEQ VACCINE.....                       | 21                 |
| PRENATAL VITAMIN                      | <i>protriptyline</i> .....                  | ROWEEPRA.....                              | 36                 |
| .....26, 65, 103, 104                 | 48  | ROWEEPRA XR.....                           | 37                 |
| PRENATAL VITAMIN WITH                 | PULMOSAL.....                               | RYBELSUS.....                              | 83                 |
| MINERALS.....                         | 66, 92                                      | RYDEX.....                                 | 11, 21, 44, 91, 92 |
| 26, 65, 103, 104                      | PURE COMFORT ALCOHOL                        | SAFESNAP SYRINGE.....                      | 59                 |
| <i>prenatal vit-iron fum-folic ac</i> | PADS.....                                   | SAFETY LANCETS.....                        | 59                 |
| .....26, 65, 103, 104                 | 100   | <i>safety needles</i> .....                | 59                 |
| PRESSURE ACTIVATED                    | PURE COMFORT LANCETS....                    | SAFETY SEAL LANCETS.....                   | 59                 |
| LANCETS.....                          | 58  | SAFETY-LET LANCETS.....                    | 59                 |
| <i>pretomanid</i> .....               | PURE COMFORT SAFETY                         | SAFYRAL.....                               | 80                 |
| 13                                    | LANCETS.....                                | <i>salicylic acid</i> .....                | 99                 |
| PREVNAR 20 (PF).....                  | 71  | <i>salicylic acid-ceramides no.1</i> ..... | 99                 |
| 21                                    | PUSH BUTTON SAFETY                          | SALIMEZ.....                               | 99                 |
| PREZCOBIX.....                        | LANCETS.....                                | <i>sapropterin</i> .....                   | 66                 |
| 16, 89                                | 58  | SAVELLA.....                               | 42, 46             |
| PREZISTA.....                         | <i>pyrazinamide</i> .....                   | <i>scopolamine base</i> .....              | 70                 |
| 16                                    | 13  | SECUADO.....                               | 38, 40             |
| PRIFTIN.....                          | <i>pyridostigmine bromide</i> .....         | SEGLUROMET.....                            | 76, 86             |
| 13, 17                                | 23  | <i>selegiline hcl</i> .....                | 42                 |
| <i>primaquine</i> .....               | <i>pyrimethamine</i> .....                  | <i>selenium sulfide</i> .....              | 100                |
| 13                                    | 13  | SELZENTRY.....                             | 14                 |
| <i>primidone</i> .....                | QUADRACEL (PF).....                         | SEREVENT DISKUS.....                       | 24, 94             |
| 40                                    | 21  | <i>sertraline</i> .....                    | 48                 |
| PRIORIX (PF).....                     | QUARTETTE.....                              | SETLAKIN.....                              | 80                 |
| 21                                    | 80  | <i>sevelamer carbonate</i> .....           | 64, 87             |
| PRO COMFORT ALCOHOL                   | <i>quazepam</i> .....                       | <i>sevelamer hcl</i> .....                 | 64, 87             |
| PADS.....                             | 41  | <i>sevoflurane</i> .....                   | 42                 |
| 100                                   | <i>quetiapine</i> .....                     | SF.....                                    | 88                 |
| PRO COMFORT LANCET.....               | 37, 39, 40                                  | SF 5000 PLUS.....                          | 88                 |
| 58                                    | QUICKVUE AT-HOME COVID-                     | SHAROBEL.....                              | 80                 |
| PRO COMFORT SAFETY                    | 19 TEST.....                                |  |                    |
| LANCET.....                           | 58  |  |                    |
| 58                                    | <i>quinapril</i> .....                      |  |                    |
| PRO COMFORT SPACER-                   | 29  |  |                    |
| ADULT MASK.....                       | <i>quinapril-hydrochlorothiazide</i> 29, 66 |  |                    |
| 58                                    | 29, 66                                      |  |                    |
| <i>probenecid</i> .....               | <i>quinidine sulfate</i> .....              |  |                    |
| 66, 88                                | 13, 31                                      |  |                    |
| <i>probenecid-colchicine</i> .....    | <i>quinine sulfate</i> .....                |  |                    |
| 66, 88                                | 13  |  |                    |
| PROCARE SPACER WITH                   | QVAR REDIHALER.....                         |  |                    |
| ADULT MASK.....                       | 74, 93                                      |  |                    |
| 58                                    | RABAVERT (PF).....                          |  |                    |
| PROCARE SPACER WITH                   | 21  |  |                    |
| CHILD MASK.....                       | <i>rabeprazole</i> .....                    |  |                    |
| 58                                    | 73  |  |                    |
| <i>prochlorperazine maleate</i> ....  | <i>raloxifene</i> .....                     |  |                    |
| 45, 70                                | 82, 88                                      |  |                    |
| PROCTO-MED HC.....                    | <i>ramipril</i> .....                       |  |                    |
| 98                                    | 29  |  |                    |
| PROCTOSOL HC.....                     | <i>ranolazine</i> .....                     |  |                    |
| 98                                    | 31  |  |                    |
| PROCTOZONE-HC.....                    | <i>rasagiline</i> .....                     |  |                    |
| 98                                    | 42  |  |                    |
| PRODIGY COUNT-A-DOSE.....             | RECLIPSEN (28).....                         |  |                    |
| 58                                    | 80  |  |                    |
| PRODIGY LANCETS.....                  | RECOMBIVAX HB (PF).....                     |  |                    |
| 58                                    | 21  |  |                    |
| PRODIGY LANCING DEVICE... 58          | RELEXXII.....                               |  |                    |
|                                       | 46  |  |                    |
|                                       | RELIAMED LANCET.....                        |  |                    |
|                                       | 58  |  |                    |
|                                       | RELIAMED MINI LANCING                       |  |                    |
|                                       | DEVICE.....                                 |  |                    |
|                                       | 58  |  |                    |
|                                       | RELIAMED SAFETY SEAL                        |  |                    |
|                                       | LANCETS.....                                |  |                    |
|                                       | 58  |  |                    |

|  |                |  |                |  |                |
|--|----------------|--|----------------|--|----------------|
| SHINGRIX (PF).....                         | 21             | SPS (WITH SORBITOL).....                   | 64, 87         | SUTAB.....                                 | 71             |
| SIDESTREAM PEDIATRIC                       |                | SRONYX.....                                | 80             | SYEDA.....                                 | 80             |
| FACE MASK.....                             | 59             | SSD.....                                   | 100            | SYMAX-SR.....                              | 22             |
| <i>sildenafil (pulm.hypertension)</i>      |                | SSKI.....                                  | 13, 75, 92     | SYMLINPEN 120.....                         | 74             |
| .....                                      | 34, 93, 94     | SSS 10-5.....                              | 99, 100        | SYMLINPEN 60.....                          | 75             |
| SILICONE MASK - INFANT.....                | 59             | ST JOSEPH ASPIRIN                          |                | SYMTUZA.....                               | 15, 16, 17, 89 |
| SILICONE MASK - PEDIATRIC.....             | 59             | .....                                      | 26, 27, 38, 46 | SYNAREL.....                               | 83             |
| <i>silodosin</i> .....                     | 24             | ST. JOSEPH ASPIRIN... ..                   | 27, 38, 46     | SYNJARDY.....                              | 76, 86         |
| SIL-SERTER.....                            | 59             | STAMARIL (PF).....                         | 21             | SYNJARDY XR.....                           | 76, 86         |
| <i>silver sulfadiazine</i> .....           | 100            | STEGLATRO.....                             | 86             | <i>syringe (disposable)</i> .....          | 60             |
| SIMLIYA (28).....                          | 80             | STERILANCE TL.....                         | 59             | SYRINGE 3CC/20GX1".....                    | 60             |
| SIMPESSE.....                              | 80             | STIOLTO RESPIMAT                           |                | SYRINGE 3CC/21GX1".....                    | 60             |
| <i>simvastatin</i> .....                   | 33             | .....                                      | 22, 24, 91, 94 | SYRINGE 3CC/21GX1-1/2".....                | 60             |
| SINGLE-LET.....                            | 59             | STRESS FORMULA WITH                        |                | SYRINGE 3CC/22GX1".....                    | 60             |
| SKYRIZI.....                               | 99             | IRON.....                                  | 26, 104        | SYRINGE 3CC/22GX3/4".....                  | 60             |
| SKYTROFA.....                              | 85             | STRESS FORMULA WITH                        |                | SYRINGE 3CC/25GX1".....                    | 60             |
| SLYND.....                                 | 80, 85         | IRON(SULF).....                            | 26, 104        | SYRINGE TIP CONNECTOR... ..                | 60             |
| SMART SENSE LANCETS.....                   | 59             | STRIBILD.....                              | 14, 15         | <i>syringe with needle</i> .....           | 60             |
| SMARTDIABETES VANTAGE... ..                | 59             | STRIVERDI RESPIMAT.....                    | 24, 94         | SYRINGE WITHOUT NEEDLE.. ..                | 60             |
| SMARTEST LANCET.....                       | 59             | <i>sucralfate</i> .....                    | 72             | <i>tacrolimus</i> .....                    | 89, 99         |
| SMOOTHLAX.....                             | 71             | <i>sulconazole</i> .....                   | 96             | TAFINLAR.....                              | 19             |
| <i>sodium chloride</i> .....               | 59             | <i>sulfacetamide sodium</i> .....          | 67             | <i>tafluprost (pf)</i> .....               | 70             |
| SODIUM FLUORIDE 5000                       |                | <i>sulfacetamide sodium (acne)</i> ... ..  | 100            | TAKE ACTION.....                           | 80             |
| DRY MOUTH.....                             | 88             | <i>sulfacetamide sodium-sulfur</i>         |                | <i>tamoxifen</i> .....                     | 19, 82         |
| SODIUM FLUORIDE 5000                       |                | .....                                      | 99, 100, 101   | <i>tamsulosin</i> .....                    | 24             |
| PLUS.....                                  | 88             | <i>sulfacetamide sod-sulfur-urea</i>       |                | TARINA 24 FE.....                          | 80             |
| <i>sodium polystyrene sulfonate</i>        |                | .....                                      | 99, 101        | TARINA FE 1/20 (28).....                   | 81             |
| .....                                      | 64, 87         | <i>sulfacetamide-prednisolone</i> .....    | 67             | TARINA FE 1-20 EQ (28).....                | 81             |
| <i>sodium,potassium,mag sulfates</i> ..... | 71             | SULFACLEANSE 8-4.....                      | 99, 101        | TDVAX.....                                 | 20             |
| <i>sofosbuvir-velpatasvir</i> .....        | 14             | <i>sulfadiazine</i> .....                  | 17             | TECHLITE INSULIN SYRINGE.. ..              | 60             |
| SOFT TOUCH LANCETS.....                    | 59             | <i>sulfamethoxazole-trimethoprim</i> .. .. | 17             | TECHLITE INSULN SYR(HALF                   |                |
| <i>solifenacin</i> .....                   | 102            | <i>sulfasalazine</i> .....                 | 17, 70         | UNIT).....                                 | 60             |
| SOLQUA 100/33.....                         | 83, 84         | SULFATRIM.....                             | 17             | TECHLITE LANCETS.....                      | 60             |
| SOLTAMOX.....                              | 19, 82         | <i>sumatriptan</i> .....                   | 47             | TECHLITE PEN NEEDLE.....                   | 60             |
| SOLUS V2 LANCETS.....                      | 59             | <i>sumatriptan succinate</i> .....         | 47             | TELCARE LANCETS.....                       | 60             |
| SOLUS V2 LANCING DEVICE.. ..               | 59             | <i>sunitinib malate</i> .....              | 19             | <i>telmisartan</i> .....                   | 28             |
| <i>sorafenib</i> .....                     | 19             | SUPER B MAXI COMPLEX.....                  | 104            | <i>telmisartan-amlodipine</i>              |                |
| <i>sotalol</i> .....                       | 23, 30, 32, 34 | SUPER QUINTS.....                          | 104            | .....                                      | 28, 31, 33, 35 |
| SOTALOL AF.....                            | 23, 30, 32, 34 | SUPER THIN LANCETS.....                    | 59             | <i>telmisartan-hydrochlorothiazid</i>      |                |
| SPACE CHAMBER WITH                         |                | SURE COMFORT ALCOHOL                       |                | .....                                      | 28, 66         |
| LARGE MASK.....                            | 59             | PREP PADS.....                             | 101            | <i>temazepam</i> .....                     | 41             |
| SPACE CHAMBER WITH                         |                | SURE COMFORT LANCETS.....                  | 59             | <i>temozolomide</i> .....                  | 19             |
| MEDIUM MASK.....                           | 59             | SURE COMFORT LANCING                       |                | TENIVAC (PF).....                          | 20             |
| SPACE CHAMBER WITH                         |                | PEN.....                                   | 59             | <i>tenofovir disoproxil fumarate</i> ..... | 15             |
| SMALL MASK.....                            | 59             | SUREFLEX DEVICE WITH                       |                | <i>terazosin</i> .....                     | 23, 27, 34     |
| SPEEDYSWAB COVID-19                        |                | LANCETS.....                               | 59             | <i>terbinafine hcl</i> .....               | 12             |
| HOME TEST.....                             | 59             | SUREFLEX LANCING DEVICE.....               | 59             | <i>terbutaline</i> .....                   | 24, 94         |
| SPIKEVAX 2023-2024(12Y                     |                | SURE-LANCE.....                            | 59             | <i>terconazole</i> .....                   | 96             |
| UP)(PF).....                               | 21             | SURE-LANCE ULTRA THIN.....                 | 60             | <i>teriparatide</i> .....                  | 84, 88         |
| <i>spinosad</i> .....                      | 101            | SURE-PEN LANCING DEVICE.....               | 60             | TERRELL.....                               | 42             |
| SPIRIVA RESPIMAT.....                      | 22, 91         | SURE-PREP ALCOHOL PREP                     |                | TERUMO ALLERGY SYRINGE.....                | 60             |
| <i>spironolactone</i> .....                | 34, 64         | PADS.....                                  | 101            | TERUMO HYPODERMIC                          |                |
| <i>spironolacton-hydrochlorothiaz</i>      |                | SURE-TOUCH LANCET.....                     | 60             | NEEDLE/SYRIN.....                          | 60             |
| .....                                      | 34, 35, 64, 66 | SURGIFOAM.....                             | 60             | TERUMO SYRINGE.....                        | 60             |
| SPRINTEC (28).....                         | 80             | SURGUARD2 SAFETY.....                      | 60             | <i>testosterone</i> .....                  | 75             |

|  |                        |  |              |   |        |
|--|------------------------|--|--------------|---|--------|
| <i>testosterone cypionate</i> .....            | 75                     | TRI-ESTARYLLA.....                       | 81           | TWIST LANCETS.....                      | 60     |
| <i>testosterone enanthate</i> .....            | 75                     | <i>trifluoperazine</i> .....             | 45           | TYBLUME.....                            | 81     |
| <i>tetrabenazine</i> .....                     | 48                     | <i>trifluridine</i> .....                | 68           | TYDEMY.....                             | 81     |
| <i>tetracycline</i> .....                      | 17                     | <i>trihexyphenidyl</i> .....             | 22, 36       | TYPHIM VI.....                          | 21     |
| THALOMID.....                                  | 89                     | TRIKAFTA.....                            | 91           | ULESFIA.....                            | 101    |
| THEO-24.....                                   | 64, 94, 102            | TRI-LEGEST FE.....                       | 81           | ULTICARE.....                           | 61     |
| <i>theophylline</i> .....                      | 64, 94, 102            | TRI-LINYAH.....                          | 81           | ULTICARE LOW DEAD<br>SPACE SYRINGE..... | 61     |
| THIN LANCETS.....                              | 60                     | TRI-LO-ESTARYLLA.....                    | 81           | ULTICARE TB SAFETY<br>SYRINGE.....      | 61     |
| <i>thioridazine</i> .....                      | 45                     | TRI-LO-MARZIA.....                       | 81           | ULTI-LANCE.....                         | 61     |
| <i>thiothixene</i> .....                       | 48                     | TRI-LO-MILI.....                         | 81           | ULTILET ALCOHOL SWAB....                | 101    |
| TILIA FE.....                                  | 81                     | TRI-LO-SPRINTEC.....                     | 81           | ULTILET BASIC LANCETS.....              | 61     |
| <i>timolol maleate</i><br>.....                | 23, 30, 32, 34, 38, 68 | <i>trimethobenzamide</i> .....           | 70           | ULTILET CLASSIC LANCETS...              | 61     |
| <i>timolol maleate (pf)</i> .....              | 68                     | <i>trimethoprim</i> .....                | 18           | ULTILET LANCETS.....                    | 61     |
| TIMOPTIC OCUDOSE (PF).....                     | 68                     | TRI-MILI.....                            | 81           | ULTILET SAFETY LANCETS...               | 61     |
| <i>tizanidine</i> .....                        | 22                     | <i>trimipramine</i> .....                | 48           | ULTRA THIN II LANCETS.....              | 61     |
| <i>tobramycin</i> .....                        | 12, 67                 | TRI-NYMYO.....                           | 81           | ULTRA THIN LANCETS.....                 | 61     |
| <i>tobramycin in 0.225 % nacl</i> .....        | 12                     | TRI-SPRINTEC (28).....                   | 81           | ULTRA THIN PLUS LANCETS..               | 61     |
| <i>tobramycin sulfate</i> .....                | 12                     | TRIUMEQ.....                             | 14, 15       | ULTRA TLC LANCETS.....                  | 61     |
| <i>tobramycin with nebulizer</i> .....         | 12                     | TRI-VITAMIN WITH FLUORIDE<br>.....       | 88, 103, 104 | ULTRA-CARE LANCETS.....                 | 61     |
| <i>tobramycin-dexamethasone</i> .....          | 68, 69                 | TRI-VITE WITH FLUORIDE<br>.....          | 88, 103, 104 | ULTRALANCE LANCETS.....                 | 61     |
| <i>tolcapone</i> .....                         | 41                     | TRIVORA (28).....                        | 81           | ULTRA-THIN II LANCETS.....              | 61     |
| <i>tolterodine</i> .....                       | 102                    | TRI-VYLIBRA.....                         | 81           | UNILET COMFORTOUCH<br>LANCET.....       | 61     |
| <i>tolvaptan</i> .....                         | 66                     | TRI-VYLIBRA LO.....                      | 81           | UNILET GP LANCET.....                   | 61     |
| TOOMEY SYRINGE.....                            | 60                     | <i>tropicamide</i> .....                 | 70           | UNILET LANCET.....                      | 61     |
| TOPCARE UNIVERSAL1<br>LANCET.....              | 60                     | <i>trospium</i> .....                    | 102          | UNILET LANCETS.....                     | 61     |
| <i>topiramate</i> .....                        | 37                     | TRUE COMFORT ALCOHOL<br>PADS.....        | 101          | UNILET SUPER THIN<br>LANCETS.....       | 61     |
| <i>toremifene</i> .....                        | 19, 82                 | TRUE COMFORT LANCET.....                 | 60           | UNISTIK 2 DEVICE.....                   | 61     |
| <i>toremide</i> .....                          | 64                     | TRUE COMFORT PRO<br>ALCOHOL PADS.....    | 101          | UNISTIK 2 NORMAL LANCET...              | 61     |
| <i>tramadol</i> .....                          | 44                     | TRUEDRAW LANCING<br>DEVICE.....          | 60           | UNISTIK 3 COMFORT<br>LANCET.....        | 61     |
| <i>tramadol-acetaminophen</i> .....            | 36, 38, 44             | TRUEPLUS KETONE.....                     | 62           | UNISTIK 3 EXTRA LANCET.....             | 61     |
| <i>trandolapril</i> .....                      | 29                     | TRUEPLUS LANCETS.....                    | 60           | UNISTIK 3 GENTLE.....                   | 61     |
| <i>tranexamic acid</i> .....                   | 25                     | TRULANCE.....                            | 72           | UNISTIK 3 NORMAL LANCET...              | 61     |
| TRANSFER PIN.....                              | 60                     | TRULICITY.....                           | 83           | UNISTIK COMFORT LANCETS                 | 61     |
| <i>tranylcypromine</i> .....                   | 42                     | TRUMENBA.....                            | 21           | UNISTIK CZT LANCET.....                 | 61     |
| <i>travoprost</i> .....                        | 70                     | TRUSTEX LATEX CONDOM....                 | 90           | UNISTIK EXTRA LANCETS.....              | 61     |
| <i>trazodone</i> .....                         | 48                     | TRUSTEX LUBRICATED<br>CONDOMS.....       | 90           | UNISTIK NORMAL LANCETS...               | 61     |
| TRELEGY ELLIPTA.....                           | 91, 93, 94             | TRUSTEX NON-LUB<br>CONDOMS.....          | 90           | UNISTIK PRO LANCET.....                 | 61     |
| TRESIBA FLEXTOUCH U-100..                      | 84                     | TRUSTEX-RIA<br>LUB/SPERMICIDE.....       | 90           | UNISTIK SAFETY.....                     | 61     |
| TRESIBA FLEXTOUCH U-200..                      | 84                     | TRUSTEX-RIA LUBRICATED<br>CONDOMS.....   | 90           | UNISTIK TOUCH LANCETS.....              | 61     |
| TRESIBA U-100 INSULIN.....                     | 84                     | TUBERCULIN SYRINGE.....                  | 60           | UNITHROID.....                          | 87     |
| <i>tretinoin</i> .....                         | 96                     | <i>tuberculin-allergy syringes</i> ..... | 60           | UNIVERSAL 1 LANCETS.....                | 61     |
| <i>tretinoin (antineoplastic)</i> .....        | 19                     | TULANA.....                              | 81           | URETRON D-S.....                        | 18     |
| <i>tretinoin (emollient)</i> .....             | 96                     | TWINRIX (PF).....                        | 21           | URISTIX 4.....                          | 63     |
| TREXALL.....                                   | 19                     | TWIRLA.....                              | 81           | URISTIX REAGENT.....                    | 63     |
| <i>triamcinolone acetonide</i> .....           | 98                     |  |              | URO-SP.....                             | 18     |
| <i>triamterene-hydrochlorothiazid</i><br>..... | 35, 65, 66             |  |              | <i>ursodiol</i> .....                   | 71     |
| <i>triazolam</i> .....                         | 41                     |  |              | VAGINAL CONTRACEPTIVE<br>FILM.....      | 90     |
| TRI-BUFFERED ASPIRIN<br>.....                  | 27, 38, 46             |  |              | <i>valacyclovir</i> .....               | 17     |
| TRI-CHLOR.....                                 | 102                    |  |              | <i>valproic acid</i> .....              | 37, 38 |
| <i>trichloroacetic acid</i> .....              | 102                    |  |              |   |        |
| TRIDERM.....                                   | 98                     |  |              |   |        |

|                                       |              |                                |        |
|---------------------------------------|--------------|--------------------------------|--------|
| <i>valproic acid (as sodium salt)</i> | 37, 38       | WIDE-SEAL DIAPHRAGM 60 ....    | 90     |
| <i>valrubicin</i>                     | 19           | WIDE-SEAL DIAPHRAGM 65 ....    | 90     |
| <i>valsartan</i>                      | 28           | WIDE-SEAL DIAPHRAGM 70 ....    | 90     |
| <i>valsartan-hydrochlorothiazide</i>  | 28, 66       | WIDE-SEAL DIAPHRAGM 75 ....    | 90     |
| VALTOCO                               | 40, 41       | WIDE-SEAL DIAPHRAGM 80 ....    | 90     |
| <i>vancomycin</i>                     | 14           | WIDE-SEAL DIAPHRAGM 85 ....    | 90     |
| VANISHPOINT SYRINGE                   | 62           | WIDE-SEAL DIAPHRAGM 90 ....    | 90     |
| VANISHPOINT TUBERCULIN SYRINGE        | 62           | WIDE-SEAL DIAPHRAGM 95 ....    | 90     |
| VAQTA (PF)                            | 21           | WOMEN'S GENTLE LAXATIVE(BISAC) | 71     |
| VARIVAX (PF)                          | 21           | WYMZYA FE                      | 81     |
| VAXELIS (PF)                          | 20, 21       | XARELTO                        | 25     |
| VAXNEUVANCE (PF)                      | 21           | XARELTO DVT-PE TREAT 30D START | 25     |
| VCF CONTRACEPTIVE FILM                | 90           | XEPI                           | 95     |
| VCF CONTRACEPTIVE GEL                 | 90           | XIFAXAN                        | 17     |
| VELIVET TRIPHASIC REGIMEN (28)        | 81           | XULANE                         | 81     |
| VELPHORO                              | 64           | XULTOPHY 100/3.6               | 83, 84 |
| <i>venlafaxine</i>                    | 47           | YALE DISPOSABLE NEEDLES        | 62     |
| <i>verapamil</i>                      | 31, 32       | YASMIN (28)                    | 81     |
| VERZENIO                              | 19           | YAZ (28)                       | 81     |
| VESTURA (28)                          | 81           | YF-VAX (PF)                    | 21     |
| VIENVA                                | 81           | ZAFEMY                         | 81     |
| <i>vilazodone</i>                     | 48           | <i>zafirlukast</i>             | 92     |
| VIOKACE                               | 71           | ZARAH                          | 81     |
| VIORELE (28)                          | 81           | ZARXIO                         | 25     |
| VIRACEPT                              | 16           | ZELBORAF                       | 19     |
| VIREAD                                | 15           | ZENZEDI                        | 36     |
| VIRTUSSIN AC                          | 44, 91, 92   | ZEPATIER                       | 14     |
| <i>vitamin b complex-folic acid</i>   | 104          | ZERVIAE                        | 67     |
| VITAMIN D2                            | 104          | <i>zileuton</i>                | 92     |
| VITAMINS A,C,D AND FLUORIDE           | 88, 103, 104 | <i>zinc oxide</i>              | 96     |
| VIVAGUARD LANCET                      | 62           | <i>ziprasidone hcl</i>         | 38, 40 |
| VIVAGUARD LANCING DEVICE              | 62           | ZOLINZA                        | 19     |
| VIVITROL                              | 44           | <i>zolmitriptan</i>            | 47     |
| VIVOTIF                               | 21           | ZOVIA 1-35 (28)                | 81     |
| VOLNEA (28)                           | 81           | ZUMANDIMINE (28)               | 81     |
| <i>voriconazole</i>                   | 13           |                                |        |
| VORTEX ADULT MASK                     | 62           |                                |        |
| VORTEX VHC FROG MASK-CHILD            | 62           |                                |        |
| VORTEX VHC LADYBUG MASK-TODDLR        | 62           |                                |        |
| VOTRIENT                              | 19           |                                |        |
| VYFEMLA (28)                          | 81           |                                |        |
| VYLIBRA                               | 81           |                                |        |
| WAKIX                                 | 49           |                                |        |
| <i>warfarin</i>                       | 25           |                                |        |
| WEBCOL                                | 101          |                                |        |
| WERA (28)                             | 81           |                                |        |
| WESCAP-C DHA                          | 26, 103, 104 |                                |        |



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